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Caring for the Human Spirit[®] magazine

SPRING/WINTER 2026

CHAPLAIN AS
THE
HIPPOCAMPUS
IN THE CLINICAL
SETTING

DEFINING SPIRITUAL HEALING

A HEALTHCARE CHAPLAINCY NETWORK™ PUBLICATION

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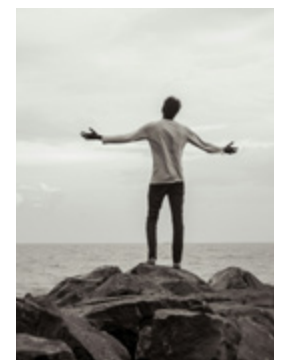
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A LETTER FROM REV. ERIC J. HALL

Dear colleagues,

Greetings from HealthCare Chaplaincy Network and the Spiritual Care Association! As I write, I'm looking through my office window at two feet of snow in this neighborhood a little east of New York City. I hope you are weathering the winter in good spirits with a view toward warmer days ahead.

We are pleased to share the Winter/Spring 2026 edition of our *Caring for the Human Spirit* magazine, with wonderful contributions from leaders across the spiritual care field. This issue's overarching theme is "Cultivating Equanimity in Our Patients and Ourselves."

We are also excited to welcome a new Editor-in-Chief, Talitha Greaver, Dean of Academic Affairs and Dissertations Professor at our higher education partner, Capstone University. Talitha holds an MFA in Creative Writing and is pursuing her PhD at the University of South Dakota.

As we anticipate the coming spring, HCCN and SCA are preparing to host our 13th annual *Caring for the Human Spirit Conference* on April 22-24, 2026. The virtual conference will present an extraordinary group of speakers and 35 workshops exploring issues central to the mission of chaplains, nurses, and other spiritual caregivers. Topics will range from first response to spiritual care nursing, psychodynamically-informed chaplaincy, mindfulness at the end of life, and others – all focused on our common goal of healing spiritual pain and strengthening the hearts and souls of those we serve. You can find more detail, including the full agenda, at [SCA Caring for the Human Spirit Conference](#).

Capstone University, now fully accredited through its partnership with Carolina Christian College, is seeing growing enrollment in its multi-faith and interdisciplinary programs. The University recently launched the first-ever clinical pastoral education (CPE) units in first responder chaplaincy; these filled immediately and have generated a waiting list of students eager to learn about providing excellent spiritual care in the highly charged arena of first response – caring for those affected by traumatic events as well as other first responders.

Our new Mental Health Generalist Course – just added to SCA's online learning Center – is the only course of its kind in our field. Developed by HCCN and SCA to assist chaplains in identifying mental health conditions and responding effectively, the course focuses on interventions with a history of working in a clinical setting. It also includes modules on supporting patients with dementia, and helping other staff members address burnout and empathy fatigue.

On behalf of HCCN, SCA, and Capstone University, thank you for your commitment to learning and advancing our field, and to providing the highest quality spiritual care to everyone in need. I hope this issue of *Caring for the Human Spirit* assists you at every level of this essential work.

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A handwritten signature in blue ink, appearing to read "Eric J. Hall", written over a white rectangular background.

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CHAPLAINS AS THE HIPPOCAMPUS IN THE CLINICAL SETTING

By
Robin Duckworth MHA, M.Div., BCC, BCC-S/E



What do Chaplains do? Attempts to help others understand what chaplains do in clinical settings have been long and arduous. No matter what we say, most will maintain the belief that we go from patient to patient praying for everybody. I will testify that praying for the patient in their presence does occur, but is also one of our least-common activities. It's more probable that we pray on our own time, or as an activity outside the patient's view. In the clinical setting, the hospital chaplain is trained to assess the patient and attempt to calm the trauma or distress a person is experiencing at that moment, similar to the function of the Hippocampus in the brain.

Trauma creates a cascade of neurological and physiological events. The brain is a fascinating organ, and understanding its inner workings and processes assists medical and mental health professionals in better treating it. Since presenting the details of the brain would take more time and words than I'm prepared to write, my focus will be to demonstrate why the Hippocampus is related to the chaplain's work.

The Hippocampus interprets the pleasantness or unpleasantness of an emotional stimulus. According to Dr. H. Norman Wright (2011), The Hippocampus "[c]ontrols emotional response by transforming sensory stimuli into emotional and hormonal signals, and then refers that information to other parts that control behavior. It is analytical and calms down the emotional part of the brain" (p. 195). The chaplain is like the Hippocampus, which assesses the trauma or emotional state of the person experiencing the traumatic event, suffering, loss, or distress. Similar to the hippocampus, the chaplain works to provide calm to the emotional state of the patient or family member.

The Hippocampus is considered the section of the brain that stores memories. So, when fear comes, it remembers where

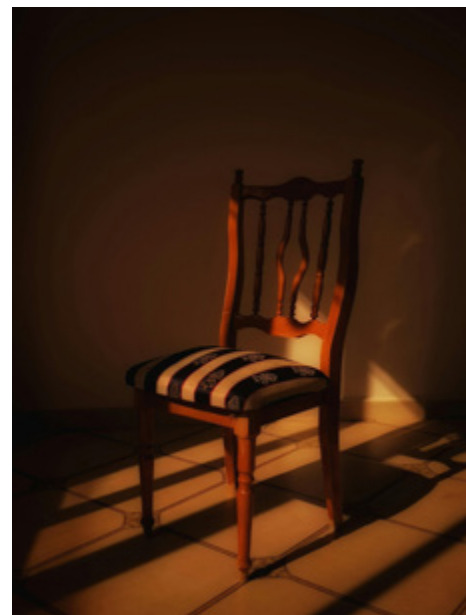
you were and what you were doing then. Also, it appears to be particularly sensitive to a stress hormone called cortisol. The hypothesis is that people with severe PTSD and high cortisol levels drive the nerve cells of the hippocampus to "death by exhaustion." So, as traumatized individuals lose these neurons that generate positive emotions, they may be impaired in recalling memories that create positive feelings (Wright, p. 195). For example, a child attacked by a very small Chihuahua might grow up fearing tiny dogs, whereas large dogs will not affect them. While the Amygdala is screaming an unreasonable warning message, the Hippocampus will remind them that the small dog walking their way is not the dog that attacked them. However, instead of countering the hurtful memory or interpreting the stimuli with a message of calm, a diminished Hippocampus might allow previous bad memories to play over and over again, not providing calm and comfort as it should.

That being said, some theorists believe the Hippocampus can regrow neurons. If the patient can make peace with the memory of what happened, they can learn to take control of their future experiences. Instead of allowing for uncertain experiences by sequestering the memory and trying to forget about it, they can make it a part of their consciousness so that the bad memory can prepare them for probable future events (Wright, p. 196-7).

While the traumatized individual attempts to process the distressing event, the chaplain acts as the hippocampus when the brain fails to do so. Chaplains are trained to assess and interpret what is happening in the moment. Our training helps us bring a calming presence to what can be considered an impossible situation or experience. We help the patient prepare for the future by creating a story about their tomorrow that will help bring the event to their consciousness so that they are not surprised when the anniversary

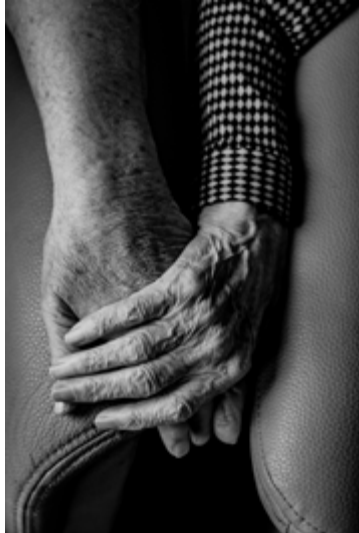
of a traumatic event presents itself the following year. As a book called *The Empty Chair* informs us, if the experience includes losing a loved one, helping the patient come to terms with the fact that there will be an empty chair on significant holidays and family events during the coming year is a good strategy (Zonnebelt, 2001). For those experiencing other types of traumatic events, the chaplain helps to steer them in the right direction. Although we can't take the long-term journey with them, we can give them a good start down a healthier path.

Suppose I offer a short Christian illustration. In *Philippians*, the apostle Paul emphasizes the importance of focusing attention on our minds and thoughts. For background, as told in the book of *Acts*, Paul and Silas encountered a slave girl with the spirit of divination, something like a fortune teller. Today, she might have charged you a few dollars per minute to call her while she told you your future. To make a long story short,



CHAPLAINS AS THE HIPPOCAMPUS IN THE CLINICAL SETTING

Paul became annoyed and commanded the spirit to leave her. Yes, the man who wrote most of the New Testament became annoyed with someone! That should be a moment of reflection. That being said, this created a ripple effect because her owners would lose a significant amount of income by not being able to use her as an effective unpaid employee. The owners/rulers became so upset that



they beat Paul and Silas within an inch of their lives and threw them in the inner parts of the prison, where the worst criminals are kept. This is where the story picks up in his letter to the church in Philippi, to encourage the Philippians to guard their minds and thoughts when experiencing traumatic events.

This city, where Paul was experiencing significant trauma, is also where he wrote some of the most remarkable words of encouragement. Philippi is where he made attempts to help us understand how important it is to replace our bad experiences with good thoughts. He said, "Rejoice

in the Lord always. Again I say, rejoice!" "Don't worry about anything; instead, pray about everything." "Let the peace of God, which passes

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all understanding, guard your heart and mind." "Whatever things are true, noble, pure, lovely, or of good report, if there is any virtue or praiseworthiness, think about these things." The Apostle Paul used his trauma to help others understand how important it is to add good thoughts to your mind while going through difficulty. As someone who would have been considered a chaplain in his own time, Paul became the Hippocampus to the minds of his followers.

People being treated or admitted to a hospital, hospice, or other medical facility might feel they are living in a paradox. Although they are in a place intended to help them, they can feel overwhelmed by the anticipation of developments about their looming prognosis. The chaplain is there to help them navigate through the two seemingly conflicting worlds. For this reason, if the chaplain were any part of the body, I would say they are easily the Hippocampus.



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SPIRITUAL JOURNAL: A TOOL FOR HOSPITAL CHAPLAINS

By William P. Selig, DMin, BCC (retired)

The hospital chaplain's path of faith is sacred and often challenging. To navigate this journey, we need spiritual tools that help us stay close to God and avoid becoming overwhelmed by the suffering of others. One such tool is spiritual journaling.

I've found journaling to be an effective way to process and discern my own feelings at the end of a busy day. To imagine that my many interactions with patients, families, and staff doesn't affect me would be like thinking I could jump into a swimming pool and not get wet. Journaling is not only a valuable tool for reflection, but also for self-care and to manage stress.

WHY KEEP A SPIRITUAL JOURNAL?

As Richard Foster wrote in *Celebration of Discipline*, journaling helps clarify our thinking and keep us honest. It creates a space to express concerns, listen for God's voice, and discover insights that might otherwise go unnoticed.

Unlike a diary that records events, a spiritual journal seeks to capture moments of divine

significance—what Christian scripture calls *kairos* time. These are the moments when God's hand is evident: guiding and comforting.

Journaling is a tool for all faiths—Hindu, Buddhist, Muslim, as well as the Judeo-Christian traditions. It encourages introspection and self-reflection. In Islam, the concept of *muraqabah*—to observe one's thoughts and actions—is a deeply spiritual practice. Similarly, meditation in Hinduism and Buddhism often includes reflective writing, which, like journaling, invites awareness and emotional clarity.

SEEING BENEATH THE SURFACE

The bible calls us to "walk by faith, not by sight" (2 Corinthians 5:7). Like an iceberg, much of what God is doing in our lives lies beneath the surface. Helen Cepero, in *Journaling as a Spiritual Practice*, compares journaling to discovering the unseen 90% below the waterline.

As chaplains, we are often called to "read



between the lines”—to perceive what a patient is saying, and just as importantly, what they are not saying. This requires developing the skill of discernment: recognizing a patient’s or family member’s unspoken needs, feelings, or concerns. These are moments when we must turn on our “spiritual antenna,” listen deeply, and observe closely.

Communication may come through words, but just as often through body language, facial expressions, or the room’s atmosphere. When I enter a room, I always take a moment to scan the space—especially the table next to the bed. It might hold a get-well card, a photo of loved ones, or even a picture of a pet. These small details can be the key to starting a meaningful conversation, meeting the patient where they are, and creating a safe space for them to share.

A PATH TO DEEPEN FAITH

In hospital chaplaincy, the action-reflection model is a core component of Clinical Pastoral Education (CPE). It’s not just a model—it’s a method of learning. There are two steps: I act, meaning I interact with a patient; then I reflect on what happened—and hopefully, use that reflection to improve for the next time. This process often takes place in conversations with a supervisor, peers, or during verbatim sessions. That is precisely the value of a spiritual journal: a place to reflect objectively on our experiences—of course, while always maintaining patient confidentiality.

In my own case, it’s a rare day when I feel that an interaction went perfectly. There’s always room for improvement—in my words, my body language, my prayers—just about everything.

I’m embarrassed to admit how many times I’ve “stuck my foot in my mouth.” The words would leave my mouth, and I’d instantly regret them. For example, when I asked an

elderly woman, who I knew was about to be discharged, if she was ready to go home. As soon as I said it, she looked terrified—she thought I was referring to her eternal home in heaven. Yikes!

Then there was the time I assumed the older-looking patient was the mother of the man sitting beside her. It turned out that the man was her husband. Sadly, due to illness, she had aged prematurely.

Or the time I thought the woman sitting in the chair was the sister of the female patient—when, in fact, they were a same-gender couple.

Afterwards, I journaled about these misspeaks, mischaracterizations, and misidentifications, and with the guidance of my CPE supervisor, came to realize how often my own assumptions were blocking my ability to be understanding, present and empathetic. Same-gender relationships were largely outside my experience at the time, and I saw how I tended to jump to conclusions or judge based on external appearances instead of following God’s words to Samuel: to look at the heart.

THE MECHANICS OF A SPIRITUAL JOURNAL

Start with God. Begin with prayer. I ask God to open my heart and show me where the divine is working. Find a quiet space—whether it’s the kitchen table, a park bench, or even Starbucks. Blocking out noise is sometimes easier at a busy place. More importantly, I want inner stillness. I’m looking for the quiet waters in Psalm 23. Jesus often withdrew to quiet places to pray. In journaling, I try to do the same. The goal is to create space—externally and internally—to hear God’s voice.

HOW OFTEN SHOULD YOU JOURNAL?

There’s no rule. Journal daily, weekly, or as the Spirit leads. I think of my journal as a trusted friend: always present and always listening. It has become a safe place to express my unguarded concerns and reflect on God’s perspective.

WHAT SHOULD YOU WRITE?

I try to be honest with myself. Some days I’m grateful and joyful; other days I’m filled with doubt and confusion. Dallas Willard once said, “Ask yourself: Why am I doing this?” Journaling also pushes me to ask, “Where was God in that interaction?” Clarity often comes as I write out my thoughts and helps align my heart with God’s.

GOD SHAPES US OVER TIME

Spiritual growth is a lifelong journey, and journaling helps me trace that journey. Looking back at past entries shows how God has shaped my thoughts, answered prayers, and led me—even when I didn’t recognize it at the time.

In many ways, journaling serves as a mirror. It helps me see myself more clearly and, in doing so, deepens my empathy and connection with the people I meet. Many times, I’ve sat with elderly patients who remind me of my own parents—how much I miss them, and how I would give anything for just one more day with them. Sometimes it’s difficult to separate my own emotions, as I’m still working through them. Yet the insights that emerge from these interactions often reveal something new about my own heart. In turn, I become better equipped as a hospital chaplain to walk with others through difficult times and to offer a more authentic, grounded presence.

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WHAT DOES THE RESEARCH TELL US ABOUT GRIEF?

Dr. Janet Roseman

Grief is part of the human experience; however, the grief of daughters whose mothers have died is significantly different than other losses. Research is needed that does not quantify nor reduce the suffering women experience into only numerical findings but includes tools for grief empowerment. According to the National Alliance on Caregiving, over 53 million baby boomers are now attending to their ailing parents, and 61 percent of caregivers are women taking care of a female relative, most likely their mothers. Because caregiving is considered a “woman’s job” (i.e., unpaid), women often suffer emotionally and financially from what is referred to in the literature as the “caregiving burden.”

Many daughters discover that while caregiving, their bonds deepen with their mothers. This closeness also influences the intensity of loss when their mothers die. Losing a mother at any time is life altering, but losing a mother when you have become her “mother” and especially if you were forced to take care of her at the end of her life is particularly poignant and heart-wrenching. If you had a close bond with your mother, like I did, and were her caregiver at the end of her life, it is not uncommon to have metaphysical experiences, and often these experiences are more profound because of your closeness. However, because of that devoted connection and the intensity of that spiritual link, daughters have a more challenging time in bereavement.

Caregivers are also more susceptible to experiencing psychological issues, including trauma and post-traumatic stress disorder (PTSD), remembering the pain and suffering of their mother. Caregiving can easily lead to compassion fatigue, which is most often associated with health care professionals. Many caregivers experience this fatigue at some point but don’t recognize it as such. They may dismiss their anger, anxiety, stomach issues, inability to focus, lack of patience, and sleeplessness as normal when in fact they are signs of the need for self-care. What they forget is that you cannot be expected to serve from an empty vessel.

What is often missing from current and past literature, however, is information about the spiritual and metaphysical components of mother loss. Women are often fearful about sharing these experiences with others, especially their health care providers, because they don’t want to be labeled as crazy. They frequently conceal how they really feel from therapists and physicians and even family members and friends for this reason. Although there was an enormous amount of research on grief and parental loss, what was missing were studies examining mother loss for adult daughters that included this dimension.

I created my own study. My goal was to learn more about how daughters coped after their mothers passed away. I was especially interested in knowing more about

the visions, dreams, and signs they received. I knew that I was not the only daughter to have these potent experiences. The survey I designed asked questions about all the components of grief that daughters may experience physically, emotionally, and spiritually. It bears repeating that daughters are fearful and reluctant about sharing their metaphysical experiences with health care providers and sometimes with their family or friends for fear of being ridiculed. I want to lift that taboo. I believe this initial supporting data proves that spiritual experiences are valid and meaningful. One of the hallmarks of grief empowerment for daughters is their disclosure of this phenomenon. This study can help clinicians understand how women experienced mother loss and, more importantly, how they regained their equilibrium. The survey also includes questions about what or who helped daughters during their grief process, and their responses offer practical advice.

I have identified key results from the survey, and this information is insightful and profound and can assist health care professionals as well as daughters in understanding mother loss. I have included some of the results with the actual words written by participants. The comments included in this article are abbreviated since the study was lengthy in scope. For more information contact Dr. Roseman, jroseman@nova.edu.



WHAT DOES THE RESEARCH TELL US ABOUT GRIEF?



RESULTS FROM THE SURVEY

What key words would describe your grief process?

- #1. Lifelong adjustment.
- # 2: Carnal, visceral, indescribable, immobilizing, never-ending.
- #3. Horrific, agonizing, terrifying, gut-wrenching, painful
- #4. Anger, relief, guilt.
- #5. Some comfort in knowing she was with my sister.
- # 6. Denial, anger, bargaining, acceptance, depression.
- # 7. Where was she?
- # 8: Painful, sad.
- # 9: Angry.
- # 10: Scattered like sprinkles on a banana split sundae. Sprinkles are the surprises of the impact of her loss on each decade.

What did you experience during your grief process?

- #1. Horrible nightmares. Could not eat or sleep. GI problems, depression.
- #2. GI problems, depression, inability to function, lack of interest in life.

#3. GI problems, depression, inability to function, lack of interest in life.

#4. No physical symptoms.

#5. GI problems, depression, inability to function, lack of interest in life.

#6. GI problems, depression.

#7. GI problems, appetite [issues], depression.

#8. Appetite [issues], depression, not having time to grieve.

9: No.

#10. GI upset.

What or who helped you during your grief process?

- #1. My son. I had to function for him.
- #2. Nothing, no one understands.
- #3. Family, friends, therapist, grief therapy, acupuncture.
- #4. Friends.
- #5. Nothing.
- #6. Family, friends, aromatherapy, being in nature.
- #7. Energy healing.
- #8. Friends.
- #9. Grief therapist.
- #10. Friends, my dad, my friends' moms. Nature, acupuncture, psychotherapy, and the family I created.

Have you experienced mystical experiences after your mother passed away?

- #1. Dreams of my mom, and when I am in nature, I can feel her with me.
- #2. Dreams and I often call out to her in my sleep.
- #3. My radio went off, and when I asked for a sign a year later, the radio went off again. I believe it was her.
- #4. Had a vision and she told me she was taken, and she was not ready.
- #5. I feel her presence and a warmth comes over me. I have her walking stick, and I can feel her energy in my hand when I touch it.

#6. My daughter spoke with her when she was two years old.

#7. I felt her presence when I went to a religious park with my daughter.

#8. She shows up in dreams, and I pay close attention to nature, and I can feel her all around me.

#9. She had a near-death experience and said she was blissfully happy.

#10: Songs on the radio would magically come on like clockwork. Recurring dreams.

What advice would you offer other women who have experienced mother loss?

- #1. Grieve any way you find possible. This process can last a lifetime.
- #2. Seek help immediately. Do things that remind you of her and make them part of your life. – #3. Get all the help you can, and tell her how you feel every day.
- #4. Cherish the memories.
- #5. Talk about her often.
- #6. Allow grief, give yourself the grace to go through all the feelings. We all walk the path of grief differently.
- #7. Only others who have experienced this loss can relate to your pain.
- #8. I wear her earrings, chain necklace, and wedding band every day.
- #9. I do not feel qualified to give advice to anyone.

WHAT DOES THE RESEARCH TELL US ABOUT GRIEF?

#10. Losing a mother is like losing the keys to who you are, and it can be lonely to navigate life. My best advice would be to ask yourself a lot of questions, questions you might otherwise ask your mothers, and to find the resources that you resonate with for joy and comfort.

What has brought you the most peace with her death?

#1. I feel communion with her when I contemplate the important turning point in her life, decisions she made, and the legacy she left.

#2. I have a marker in my backyard, and it has this description after her name: "radiating love, devotion, and kindness for all eternity."

#3. Make her live on though creating traditions associated with memories and things she did and talking about her so other people can get to know her.

#4. I do not know if I will ever be at peace. I do know she was suffering and that is the only solace I have, knowing that although she is not here, I would never want to see her suffer, so God called her home.

#5. Knowing that she lives on in me, seeing her in me.

#6. Talking about her.

#7. I go to the beach often, which was my mother's happy place.

#8. Learning more about my faith, and I believe that I will see her again and that she can somehow see me and my daughters.

#9. As you enter my home, you will find one of my favorite photographs of her, which I enlarged, and I have many videos of her and my children.

#10. Her love (memories) and seeing my kids resemble parts of her. It makes my heart swell.

I am grateful to the women who agreed to participate in this study and I hope in the future to conduct more extensive studies to assist healthcare professionals in their knowledge of mother loss.

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Dr. Janet Roseman is an Associate Professor in Integrative Medicine at the Dr. Kiran Patel College of Osteopathic Medicine. She is the author of *The Eternal Bond: Daughters Honor their Mothers on the Other Side*, published by Llewellyn.



A PRAYER FOR THE RESTLESS SOUL

Who Wonders If It's Enough

O God,

Who dwells not just in grand visions,
but in the breath between hospital visits,
in the awkward prayers,
in the return to someone we almost passed by—

Still my heart when it races ahead of my purpose.
Remind me that meaning does not vanish
just because a moment ends.

Let me trust the traces I leave,
even when I can't see where they lead.
Let me honor the ministry of presence
as sacred, sufficient, and enduring.

May I see my restlessness not as failure,
but as the ache of a soul that still loves deeply,
still hopes wildly,
still believes there is more unfolding.

And if I must choose—
let it not be between dreams and faithfulness,
but in the direction where they become one.

Amen.

SPRING 2026 SCHEDULE

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- June 29 - September 20, 2026, semester start/end dates
- June 5, 2026 - Application Deadline

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Suggestions from a Practitioner for Providing Disaster Spiritual Care to LGBTQI People

Dr. Rev. Gregory C. Smith, Ph.D.
Founder and President
Disaster Resilience Institute
revsilversmith@gmail.com

In the event of a disaster, how often have we heard the phrase "All people are affected"? Contrary to this oft-used adage, not all people are affected equally. The impact disasters have on any group of people will be patterned by the existing social and institutional structures. In times of disaster, LGBTQI individuals, along with other marginalized communities, are at increased vulnerability to physical, emotional, and spiritual distress. In the case of LGBTQI people, these structures are ones of societal stigmatization and marginalization. These themes of minority stress, alienation, and a lack of trust in the wider community during "calmer" times are all anticipated to intensify during disaster events, and result in higher rates of internalized and externalized homophobia, depression, and substance abuse as a means of coping. All of which will serve to make the management of disaster-related trauma more difficult.

Failing to recognize these vulnerabilities can only serve to further the alienation and disenfranchisement experienced by these individuals. Training resources can be used to educate both generalist and religiously affiliated volunteers and professionals in disaster spiritual care.

Disaster spiritual care education for generalist and faith-based providers typically occurs in the form of pre-disaster training programs, onsite disaster training, or briefings at the time of deployment. Many organizations, including my own, provide disaster spiritual care training for generalist providers in the form of online courses and webinars that are on offer throughout the year. Religious groups often develop and offer their specialized training programs to prepare and certify volunteers for the provision of disaster spiritual care. E-learning courses and printed training materials may be enhanced with specialized resources to aid in the understanding of LGBTQI-affirming care, such as the Development and Training of a Rainbow Ministry Resource written by the United Church of Christ. Disaster chaplain training programs, such as that provided by the National Spiritual Care Association, provide a setting in which to introduce LGBTQI-affirming care concepts and resources to religious

leaders and faith-group spiritual care providers.

One way of enhancing the accessibility of affirming spiritual care is through the deployment of spiritual care teams that are specifically educated and trained in providing care for at-risk groups. This can include the recruitment of spiritual care providers from within LGBTQI-affirming religious organizations or mainstream religious groups that have formal networks or caucuses for LGBTQI-inclusive ministry. Rostered leaders from several faith traditions now have the opportunity to seek specialized disaster chaplain training that is offered by the National Disaster Interfaith Network (NDIN) in collaboration with National Voluntary Organizations Active in Disasters (NVOAD). This specialized training has included a specific focus on topics related to disaster spiritual care with diverse at-risk populations. Agencies offering disaster spiritual care may also directly collaborate with LGBTQI advocacy organizations and LGBTQI religious groups to better understand the needs of LGBTQI disaster survivors and how to provide affirming spiritual care. Such collaboration may involve research, resource development, or training for spiritual care providers.

Credentialed spiritual care providers of all faith traditions volunteer to serve disaster survivors in diverse settings. Yet, providing spiritual care in an affirming manner for LGBTQI people requires specific cultural competence and theological understanding that is not commonly found among disaster spiritual care providers. It is important for agencies and religious groups offering disaster spiritual care to prepare and support providers in offering care that



SUGGESTIONS FROM A PRACTITIONER...

is inclusive for diverse sexual orientations and gender identities.

Examples of preventive measures to ensure that the LGBTQI community does not feel excluded from the disaster spiritual care environment include:

- Displaying materials that state your commitment to LGBTQI affirmation in your spiritual caregiving.

- Training members of an organization in LGBTQI affirmative spiritual care and creating regular dialogue between spiritual care providers about their experiences with LGBTQI community.

- And always be open to feedback from any given community about their experience in the spiritual care environment (Equality Project, 2007).

In the event that LGBTQI persons do not access any of the specific spaces or services designed for them, it will still be important to create an affirming environment in the more general areas of spiritual care. Some simple ways to ensure this affirmative environment include:

- Inviting an openly LGBTQI-affirmative spiritual leader from the community to facilitate a worship or meditation space.

Creating a safe, semi-private space for LGBTQI persons that is equipped with spiritual resources (scripture, writings, inspirational materials) that are affirming of LGBTQI identities and experiences.

- Hosting social gatherings for the LGBTQI community that are centered around spiritual themes.

Those who identify or are perceived as a sexual or gender minority are at risk of prejudicial events in any sheltering or residential setting in a disaster. Awareness that LGBTQI individuals are part of every community and thus will be in every care setting is vital. Advocacy within a disaster response to ensure the safety of LGBTQI individuals may involve anything from developing specific protection policies to ensuring that an agency taking care of displaced persons has a non-discrimination policy inclusive of sexual orientation and gender identity. For spiritual care providers working within an interfaith context, there is also advocacy to ensure that an equal standard of care is provided by all religious communities involved.

A higher tier of advocacy may involve questioning or challenging a policy or standard directly contributing to the discrimination of LGBTQI individuals. In times of crisis, on several occasions, spiritual care providers linked to non-affirming religious organizations have made assumptions that homosexual orientation or gender identity issues are the cause of the individual's crisis. This has resulted in LGBTQI persons being subjected to reparative and/or ex-gay therapies within counseling sessions. When disasters occur, LGBTQI individuals may have increased spiritual needs and desires to connect with a higher power or seek meaning and understanding as to why the disaster occurred. An LGBTQI person may feel the disaster is a form of retribution from a condemning God, and/or increased isolation from spiritual communities and leaders who disapprove of their sexual orientation and/or gender identity. Many mainstream religious organizations condemn LGBTQI individuals and their lifestyles. For example, a recent proclamation by the Vatican stated that

homosexual unions are contrary to natural law and that they should not take place in church. This is a significant barrier for LGBTQI individuals in terms of seeking spiritual counsel and it requires them to be selective in whom they seek out for spiritual guidance.

Disaster aid organizations must ensure spiritual care services are non-discriminatory and monitor the practice of spiritual care providers to ensure they are not imposing their personal beliefs and values onto care recipients. This can be achieved by policy work and/or ensuring spiritual care providers are thoroughly educated on the unique spiritual needs of LGBTQI individuals.



A REFLECTION ON INTER FAITH WEEK



INTER FAITH WEEK 2012

In 2012, the Kendal Pilot Project was set up and developed by Kendal Fire Station, CFRS, Cumbria Fire and Rescue Service (CFRS), and Buddhist Group of Kendal (Theravada) (BGKT), with me as the lead for BGKT. The Kendal Pilot Project participated in Inter Faith Week 2012.

An Islamic Sufi led the Traveling Zikr at Kendal Fire Station Community Room on Saturday, November 24th. As far as I am aware, this was the first time a Traveling Zikr had taken place in a Fire Station in England.

The Mayor of Kendal, Councilor John Willshaw, invited South Lakeland Interfaith Forum (SLIF), representatives of local faith groups, the Chair of SLEDP South Lakeland Equality and Diversity Partnership (SLEDP), and Cumbria Fire and Rescue Service (CFRS) (representing local agencies) for a celebration in the Mayor's Parlour in Kendal Town Hall on Thursday, November 22nd. Their BME and Migrant Workers Advocate represented CFRS.

SLEDP and SLIF presented "Celebrating Our Faiths" on November 17th, the eve of National Interfaith Week (NIF). The meeting was held at South Lakes Foyer in Kendal. There were information stalls from local faith organizations and a discussion session led by the SLIF committee. The organizers brought together practitioners of many faiths and paths to share their insights and practices and to learn from one another. I was the SLEDP Lead for this event. CFRS ran a stall at Kendal Fire Station, led by their Community Safety Coordinator, which included information about the Pilot Project at the station.

INTER FAITH WEEK 2016: SLEDP EVENT AT THE QUAKER TAPESTRY, KENDAL

Monsignor Francis Slattery gave a talk about interfaith. I gave a short talk about Buddhists Engaged with Emergency Services (BEWES) and Faith and Fire.

South Lakeland Equality and Diversity Partnership (of which I was the Lead on the topics of Interfaith and Multifaith) presented the Cumbrian launch of the third edition (2018) of "Religion, Belief and Culture in our Community: Understanding, Respecting and Valuing the Diverse Cultures of the United Kingdom." This booklet was published by East Sussex Fire and Rescue Service, Surrey Fire and Rescue Service, and West Sussex Fire and Rescue Service. I am included in the Acknowledgements on page 66. Rev. Dr. Marcus Braybrooke, former President of the World Congress of Faith (WCF), is also included. The WCF have been very supportive of my involvement as a WCF member with the Fire and Rescue Service.

The NFCC National Fire Chiefs Council reported the publication of this booklet in Inter Faith Week.

A REFLECTION ON INTER FAITH WEEK

INTER FAITH WEEK 2025

In Inter Faith Week 2025, we celebrated the 10th anniversary of the launch of the Fire Fighters Charity Multifaith Chaplaincy on November 18th, 2015. We chose to launch this chaplaincy during Inter Faith Week to highlight its multifaith nature and to celebrate this important week. I became the first Chaplain.

I am acknowledged as the first female Buddhist Fire Chaplain in the world. I became a fire chaplain at East Sussex Fire and Rescue Service (ESFRS) in 2014, at the same time as Theravada Buddhist Monk Venerable Pidiville Piyatissa. As a consequence, I am included by Brighton Museums in "100 Pioneering Women of Sussex", as a First Woman in "City Women's First British Women" (2014), as a First Woman in "First Women: The First Women in Law, Government, the Professions and Other Notable Posts," "Achievements and Matters of Interest" by academic Carrie de Silva, as an Infinite Woman on the Infinite Women website, and as an Inspiring Woman in "Inspiring Women" by Women to Work.

OTHER IMPORTANT EVENTS

Inter Faith Week 2015 Quaker Tapestry

Living in a small town, I am very keen to demonstrate that large numbers of attendees are not necessary for Inter Faith Week events. The chaplaincy development officer for the Methodist Church (resident in Kendal) and Jacquetta Gomes, secretary of the Buddhist Group of Kendal (Theravada), viewed the Quaker Tapestry, visited the tearoom, and gave readings to each other. This shows that you do not always need large audiences, but even with two people, you can engage with each other to make an impact. (I helped to stitch the Manchester Conference 1895 panel and became a member of the Quaker Tapestry.)

Inter Faith Week 2020

I am also keen that dignitaries with large networks and the ability to share knowledge of Inter Faith Week participate in Inter Faith Week. During lockdown on November 11, 2020, the High Sheriff of Cumbria's Web

Page included an Inter Faith Week event with her, SLEDP, and SLIF. As the lead for Interfaith and Multifaith, I represented SLEDP. This was shared on the Inter Faith Week Facebook page.

Please check out additional information at InterFaithWeek.org.

Jacquetta Gomes, a lifelong interfaith activist in Cumbria, has become the world's first female Buddhist Fire Chaplain, offering spiritual support to firefighters and members of the fire and rescue service.

She is the lead on interfaith in the Westmorland and Furness Diversity, Equity, and Inclusion Partnership, and she arranges events for Interfaith Week. Kendal, known as the smallest town, hosts an eight-day program of events, and is her home. She is also a member of the World Congress of Faiths and active in her local community service volunteer group.



FINDING THE WAY HOME: THE FULL ARC OF THE T.R.U.E. NORTH PROTOCOL™ FOR TRAUMA RECOVERY AND SPIRITUAL RENEWAL

By
**Edward J. Spence, BCMMHC,
CMCLC, CTILC**

**Founder, Spence's True North
www.spencestruenorth.com**

The deepest wounds trauma leaves are rarely just emotional—they're existential. As chaplains and care providers, we know this truth intimately: trauma shatters the story of self. It disrupts the nervous system, distorts identity, and often fragments the soul. The question isn't just how to treat trauma, but how to help someone rebuild meaning, reclaim purpose, and feel whole again.

Over the last several years, I've worked with veterans, first responders, and civilians using a model I developed, called the T.R.U.E. North Protocol™, which stands for Trauma Recovery Using Engagement. This whole-person approach combines narrative expression,

somatic regulation, mindfulness, spiritual reflection, and personalized journaling. It's a guided journey back to self, faith, and stability.

This article examines how the protocol operates in practice and how it facilitated profound breakthroughs for three clients: Brian, Amanda, and Dave. Their names and details have been changed to protect their identities, but their outcomes represent a fundamental transformation.

WHAT IS THE T.R.U.E. NORTH PROTOCOL™?

The T.R.U.E. North Protocol™ was developed

to answer a common problem: why do so many trauma survivors plateau in treatment? Many clients I've served reported understanding their trauma cognitively, but not feeling any different. They were stuck between knowing and healing.

This protocol integrates seven steps that unfold over 3–5 months:

1. Orientation & Psychoeducation

We begin with simple, compassionate teaching about the nervous system, trauma response, and God-given biology. Clients learn they are not broken; they are reacting appropriately to abnormal events. This reduces shame and opens them to new understanding.

2. Guided Handwritten Journaling

Clients journal what their mind says, unedited

FINDING THE WAY HOME

and uncensored. This writing includes intrusive thoughts, raw emotions, and even spiritual doubt. Then, in session, they read their entries aloud. Hearing their words brings insight. It helps them identify the roots of trauma, often re-presenting repressed memories or misunderstood emotional responses.

3. Personalized Follow-Up Prompts

After each session, I email custom journaling prompts based on detailed session notes. These prompts guide clients to explore what they have written, helping them reconstruct timelines, trace trauma themes, and uncover more profound truths. They begin to see their lives in sequence and make sense of the chaos.

4. Mindfulness and Somatic Grounding

Each session includes breathwork, body awareness exercises, and grounding practices. These restore safety and regulation. Clients learn what peace feels like. This anchors their narrative discoveries in felt experience.

5. Guided Meditation and Reflection

I provide recordings that support inner healing visualizations, create a safe space, and offer trauma-informed spiritual reflections. Clients often use these between sessions to maintain calm and access inner clarity.

6. Spiritual Integration (Optional)

Clients who welcome it are guided through Scripture, identity work, and grace-based reframing. Others work with universal values such as dignity, forgiveness, and a sense of belonging. Whether religious or not, spiritual grounding becomes a compass.

7. Reprocessing and Reintegration

Each part builds upon the last. Over time, clients no longer see their pain as scattered fragments. They see a whole picture, a story that, while tragic, has meaning, survival, and often divine intervention.

CLIENT CASE STUDY 1: BRIAN – PANIC AND IDENTITY LOSS

Brian was a young veteran with severe panic attacks and self-doubt. He'd tried therapy, EMDR, and medication. Nothing stuck.

In his fourth week of the protocol, Brian journaled about being screamed at as a boy for crying during a family emergency. He read it aloud in session, his voice shaking. He said, "I thought I was weak ever since."

That moment shifted everything. With weekly prompts and somatic practices, Brian started connecting his anxiety to years of emotional suppression. He began to sleep. He passed his EMT test. His voice literally became calmer and more grounded. He no longer needed to prove his worth through perfection. He said, "This helped me find myself. Not just fix symptoms, actually find myself."

CLIENT CASE STUDY 2: AMANDA – GUILT, AD- DICTION, AND GRACE

Amanda, a domestic abuse survivor, carried enormous shame. She journaled about feeling "dirty," "unworthy," and spiritually rejected. During her sixth week, she wrote: "I deserved it." When she read those words aloud, she burst into tears.

Guided meditations helped her revisit the moment when that belief was formed. In follow-up prompts, she explored how that message repeated across her life. Through spiritual integration, Amanda reframed the narrative.



By month five, Amanda reunited with her family, reengaged in church, and began mentoring others. The protocol gave her permission to feel, tools to reframe, and language to redefine herself.

CLIENT CASE STUDY 3: DAVE – MORAL INJURY AND PURPOSE RECLAIMED

Dave, a Marine veteran, shut down emotionally after losing brothers in combat. His guilt was so intense that he avoided any form of counseling.

In journaling, he wrote about one moment, just one, where he thought he could have acted faster to save a teammate. He'd carried that moment like a grave marker.

Through weekly journaling, breathing practice, and soul work, Dave began to tell a more complete story. He spoke of leadership, duty, and honor. He stopped identifying as a failure and started mentoring other veterans.

CONCLUSION: INTEGRATED HEALING, REALIGNED LIVES

The T.R.U.E. North Protocol™ isn't a silver bullet. But it works—because it honors the complexity of trauma. It blends structure with soul, tools with truth.

Healing is never linear. However, with this protocol, clients often discover what they didn't know they were missing: clarity, connection, calm, and a newfound sense of purpose.

In short, they find their way home.

To learn more or request training on the T.R.U.E. North Protocol™, reach out at www.spencestruenorth.com. Or edspence@spencestruenorth.com



Edward J. Spence is an ordained chaplain and IBCC certified trauma informed coach in Oakfield, NY. He enlisted in the U.S. Marine Corps in 1988, and remained in the marine Corps reserves until 1998, then again reenlisted in 2001 after 9/11. A retired firefighter paramedic, he served at Ground Zero and now supports first responders through Critical Incident Stress Management. He leads Red Cross Disaster Spiritual Care on many natural disasters in the US and outlying territories and founded Spence's True North, creator of the T.R.U.E. North Protocol.





Spring 2026 Masterclass Announced

Spring 2026 - The Process of Health Care Chaplaincy

WEDNESDAY, MAY 20, 12PM EST

The 'Difficult' Patient: Psychodynamic assessment, interventions and treatment planning for clinical chaplains.

Presenter- *Rev. Dr. Jessica A. Sommar, M.Sc, D.Min., BCC, LP*

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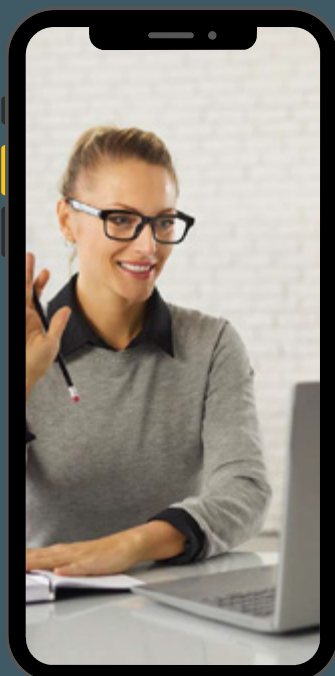
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DEFINING SPIRITUAL HEALING

Rev. Jeff Harter, M.Div., BCC, CGS

One definition of cure in Webster's Dictionary is the relief of the symptoms of a disease or condition. In the Bible, healing can mean the restoration of health. It can also mean holistic healing of the body, mind, or soul. The Greek word in the Bible for healing is **therapeuo**, from which the word therapy is derived. The Hebrew word for healing in the Bible is **aruka**. It refers to a restoration of well-being.

Western medicine tends to focus on cure and not on healing. However, physical cure does not always result in healing of the mind or spirit. According to Norman Cousins, "The human spirit can't be diagrammed or dissected; it can't be seen by scanners and it can't be represented by numbers on a medical chart. Yet it is the most identifiable feature of human uniqueness. Unless it is understood and respected, all other facts are secondary."¹ A quote that has been attributed to Florence Nightingale is: "The needs of the spirit are as critical to the health as those of the individual organs that make up the body."

All people, religious or not, have spiritual needs. Those basic spiritual needs include comfort, hope, forgiveness, ability to give and receive love, strength, meaning, self-worth, and belonging. Spiritual wholeness is maintained when a person feels positively connected to God, others, and self, and is able to utilize the resources within each. A lack of connection, a strained or weak connection, or a negative connection with any of these three will likely compromise a person's sense of spiritual wholeness and well-being. This disconnection can result in spiritual pain.

Spiritual pain is sometimes referred to as spiritual distress, distress of the human spirit, or existential pain. Healthcare chaplain Doug Hiza defines spiritual pain as "an unpleasant emotional state as it applies to discovering who I am, what is the purpose of my life, my death, my relationship to God, myself, and others." He also writes, "spiritual pain can be debilitating to the sufferer and cause a person to lose all sense of self-worth and purpose in life."² I like to define spiritual pain as the unpleasant feeling that one is disconnected from or negatively connected

to sources that help them meet their spiritual needs, feeling they are unlovable to others or to God, and feeling they are alone in their suffering.

I once knew a physician who defined healing as "the resolution of brokenness that may or may not include cure." People may experience spiritual pain or brokenness even if they don't need a physical cure. And people who need a physical cure may also need healing. Spiritual pain can be just as debilitating and damaging to a person's wellbeing as physical pain. According to Hiza, spiritual pain "gets worse with the passage of time," and it is "the least understood and recognized."³ In the words of a character in a motion picture I enjoy, "A person whose spirit is broken is whipped!"

Spiritual pain or brokenness can exacerbate physical and emotional pain, delay physical and emotional healing, and make curative treatments less effective. Patients and clients can actually be harmed when caregivers do not attempt to address the needs of the spirit. As a hospital chaplain, I once worked with a patient who was ostracized from her religious community after she had received a blood transfusion. Her family, who were unaware of her religious convictions, gave consent for the transfusion while the patient was unconscious and in need of emergency surgery. Feeling abandoned by her religious community, she expressed suicidal ideations to the hospital staff. Thankfully, she was eventually reconciled with her faith community. This reconciliation helped to bring about spiritual healing.

Psalms 103 speaks of spiritual healing.⁴ Verse three says God "forgives all your iniquity and heals all your diseases." I find it meaningful to separate the two syllables of the word **DISEASE** and get **DIS-EASE**. This dis-ease might present as uneasiness, distress, anxiety, shame, regret, guilt, worry, fear, loneliness, resentment, indecision, confusion, lack of meaning, etc. In other words, spiritual pain or brokenness. This Psalm shows us the many ways that God can provide spiritual healing through Scripture, prayer, meditation, and spiritual interventions by caregivers.

People who are injured or ill may need spiritual healing. In Mark 2:1-12, Jesus gave a paralyzed man both healing and cure. Jesus first offered him spiritual healing by proclaiming that his sins are forgiven. In that culture, and for many people today, ailments and illnesses are considered a sign that a person's soul is not right with God. Jesus recognized that this man was experiencing spiritual pain. Spiritual healing needed to take place. Before curing the man's physical ailment, Jesus said to him, "Your sins are forgiven." Jesus' words showed the man that he was right with God and that his ailment was not a sign of God's judgment due to some great sin he may have committed. He needed this spiritual healing just as much as he needed physical healing.

Those who are nearing the end of life often need spiritual healing. They may experience a lack of purpose; ambivalence about life and death; feelings of loneliness, guilt, or shame; questions regarding the meaning of life and death; and anxiety or fear regarding an afterlife. These experiences may be expressed as questions such as, "Why am I here?" and "Where am I going?" and "Why is this happening?" and "Has my life mattered?" If these are not addressed in a manner that is meaningful to the person, they may continue to suffer spiritual pain and experience a traumatic or terrifying death. If these issues are effectively addressed, the person may be able to finish the course of this life in a meaningful and peaceful way. Christine Longaker accurately describes this healing and the transition it can bring about. "The turning point of the spiritual life is the moment when time running out is turned into time being fulfilled."⁵

Finally, caregivers often need spiritual healing. Those who work with the hurting, grieving, and dying may experience



secondary grief or secondary trauma which can result in deep wounds to the spirit. Such spiritual pain or brokenness can make their work less fulfilling and less effective. It can lead to compassion fatigue and burnout. Their broken or depleted spirit could be a contributing factor in mental and physical illness. Dietrich Bonhoeffer wrote in his book *Spiritual Care*, "Everyone who cares for the soul needs a person who will care for his or her soul. Only one who has been under spiritual care is able to exercise spiritual care."⁶ Whether a person is a family caregiver, a volunteer, or a professional, selfcare is not selfishness, it is survival. If the caregiver becomes emotionally exhausted or spiritually depleted, they can be of little help to someone who needs them. Caregivers would do well to remember: You can't give something that you don't have. Through selfcare, they not only keep their own "cup" full, but they help to fill someone else's cup too. Then both of them may be able to say with the Psalmist, "My cup runneth over."⁷

1. Cousins, Norman. *Head First: The Biology of Hope and the Healing Power of the Human Spirit*. ©1990 by Penguin Books
2. Hiza, Doug. *Spiritual Pain*. P.15. ©1996 I.C.C.S. Publishing. Great Britain.
3. Hiza. P.15.
4. *Holy Bible, New Revised Standard Version*. ©1989 Thomas Nelson, Inc.
5. Longaker, Christine. *Facing Death and Finding Hope*. p.157 ©1997 Doubleday.
6. Bonhoeffer, Dietrich *Spiritual Care*. p.66. Translated from German by Kaiser Verlag ©1982 Fortress Press.
7. *Holy Bible, King James Version*. Psalm 23:5



Reverend Jeff Harter has served as an ordained parish pastor of the Lutheran Church Missouri Synod since 1983. He has a bachelor's degree from Concordia College St. Paul, MN and a Masters of Divinity Degree from Concordia Theological Seminary Fort Wayne, IN. He has served also as a health care chaplain in the fields of critical care, trauma, long term care, hospice care, and bereavement care since 1994. He has been a board-certified member of the Association of Professional Chaplains since 2001. Since 2022 he has been certified by Evergreen Certifications as a Grief Informed Professional. jeffery.harther@evertrueliving.org



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What Is Psychodynamic Chaplaincy?

Psychodynamic chaplaincy is a spiritual care approach rooted in psychological theory. It is distinct yet interconnected with related disciplines such as:

- Pastoral psychodynamic psychotherapy
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- Pastoral counseling

It brings together the inner workings of the soul (psyche) and the principles of psychodynamic theory to inform how we engage in healing relationships.

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DR. RICK CAPEZZA RECEIVES U.S. ARMY CHAPLAIN CORPS HIGHEST CIVILIAN HONOR

Dr. Rick Capezza, a national leader in clinical spiritual care formation, was awarded the Order of Aaron and Hur, the highest honor awarded by the U.S. Army Chaplain Corps to a civilian, during a ceremony held at Camp Rilea Armed Forces Training Center as part of an extended Army National Guard chaplain training event.

The award recognizes individuals who have provided exceptional, sustained support to the mission and effectiveness of the Chaplain Corps. Named after the biblical figures who supported Moses during battle, the honor is reserved for those whose contributions strengthen the spiritual resilience and care capacity of military personnel over an long period of time.

Dr. Capezza was recognized for his extensive impact on chaplain formation within the US Army.

Through his leadership of Concordia Clinical, Anam Cara CPE, The Center for Integral Spiritual Formation, and The School of Military Spiritual Formation, Capezza has helped educate chaplains in every branch of the U.S. military, including nearly 1,000 chaplains within the United States Army National Guard.

The award was presented by Oregon State Chaplain (COL) Jacob Scott. During the ceremony, Chaplain Scott remarked on the rarity of the award, noting he had never personally witnessed its presentation.

Chaplain (LTC) Lance Sellon, who served as a speaker during the training week, shared that he was moved to nominate Capezza following a conversation with a senior Navy chaplain emphasized the significance of Capezza's contributions throughout the US Armed Forces, not just the Army. The broader training event reflected this reach

when guest instructors from both the Air Force and Space Force, present to train Army National Guard chaplains during the week, noted that they were also among Capezza's former students—an indication of his influence across generations of chaplain leadership.

Capezza's work, who began training military chaplains in his home state of Idaho before expanding to train military chaplains throughout the nation also extends into civilian contexts, including correctional and healthcare chaplaincy, where his programs continue to shape the training and professional development of spiritual care providers nationwide.

The ceremony highlighted the scope of Capezza's contributions—developing leaders, systems, and programs that strengthen the care provided to service members and the institutions that support them.



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With its unique mission to train and provide spiritual care related degrees for individuals in all caring professions, the University meets a long standing need in higher education and in the spiritual care field.

OUR STUDENTS

Capstone actively seeks an interfaith, multidisciplinary student population from a variety of vocations: faith community leadership, parish administration, chaplaincy, education, counseling, pastoral care, health care, and spiritual direction.

In addition to chaplains and clergy, professionals who may benefit profoundly from pursuing a degree at Capstone include nurses, social workers, first responders, therapists, educators, CPE supervisors, and physicians.

With a distinguished faculty from a broad range of faiths and disciplines, Capstone is an unprecedented resource in the science and art of spiritual care. The expertise gathered by Capstone constitutes one of the world's largest think tanks in spiritual care with leaders from a multitude of paths.

PROFESSIONAL ADVANCEMENT AND SELF-DISCOVERY

Capstone University specializes in degree paths emphasizing professional growth and spiritual enrichment.

Capstone welcomes students of all backgrounds who seek to broaden their spiritual training and earn graduate degrees in their areas of expertise. Our programs are designed to prepare students to assist others in their spiritual growth.

The unique focus on degrees in spiritual care allows all professional care providers to expand their knowledge to include working with a person's spiritual needs as well as their biological, psychological, and sociological needs.

Capstone offers degree programs in:

- Spiritual Care
- Chaplaincy
- Spiritual Direction
- Clinical Pastoral Psychotherapy
- Thanatology
- Pastoral Ministry
- Spiritual Care Nursing



MASTER'S DEGREES, DOCTORAL DEGREES, AND SPECIALIZED PROFESSIONAL CERTIFICATES

For the first time, students now have state-of-the-art Canvas coordinated curriculum that yokes cutting edge technology with the art of holistic professional spiritual care. Utilizing journals and other periodicals, e-books, video, and other resources covering religion, philosophy, counseling and therapy, our degrees and specialty certificates launch us forward into a new era of caring for the human spirit.

CAPSTONE OFFERS MASTER'S AND DOCTORAL DEGREES:

- M.Th. in Chaplaincy
- M.Th. in Spiritual Care
- M.Th. in Spiritual Direction
- M.Th. in Spiritual Care Nursing
- M.Div. in Pastoral Ministry
- D.Th. in Chaplaincy
- D.Th. in Spiritual Care
- D.Th. in Spiritual Direction
- D.Th. in Clinical Pastoral Psychotherapy
- D.Th. in Thanatology



PROFESSIONAL CERTIFICATES:

- Pediatric Chaplaincy
- Hospice and Palliative Care Chaplaincy
- Adult Learning Education
- Spiritual Coaching
- Thanatology
- Spiritual Care Nursing
- Worship Leadership
- CPE Supervision
- Spiritually Informed Social Work Practice
- Psychospiritual Transformational Change: The Virginia Satir Model

SCHOOL OF CHAPLAINCY

Our Chaplaincy degrees provide students with the skill set and knowledge to serve as chaplains to individuals seeking religious guidance and faith instruction. This interfaith program is for chaplains who work in hospitals, prisons, as first responders, and with the military.

- *M.Th. in Chaplaincy*
- *D.Th. in Chaplaincy*

SCHOOL OF MULTIFAITH SPIRITUAL DIRECTION

Our Spiritual Direction degrees equip students with the expertise to become Spiritual Directors in diverse environments, blending foundational knowledge with practical skills. Students are supported to find their own authentic sensibilities and voice within the realm of spirituality. The whole person is honored in the course contents and assignments: body, mind, spirit, heart, and soul. Spiritual matters are related to intrapersonal, interpersonal, societal, and cultural dimensions of meaning making

- *M.Th. in Spiritual Direction*
- *D.Th. in Spiritual Direction*

SCHOOL OF THANATOLOGY

Individuals seeking a degree in thanatology, or the study of death, focus on the bio-psycho-socio-spiritual aspects and mechanisms surrounding individuals who are dying. Thanatologists offer insightful assistance to people who are dying and their families and other loved ones, and often are equipped with a plethora of rituals to assist people during these times. They regularly engage with those who have left mainstream religious communities and yet still need a facilitator or companion during this time in their life or loved one's life.

- *D.Th. in Thanatology*

SCHOOL OF PASTORAL MINISTRY

The Master of Divinity degree in Pastoral Ministry is targeted to the professional chaplain, spiritual director, spiritual care provider, thanatologist and other professionals who want to utilize worship, ritual, liturgy, preaching and theological reflection to assist in their ministry. Often, they are interfaith and would like to perform weddings and funerals in order to facilitate healing in their clientele. We offer this degree to assist them in this process.

- *M.Div. in Pastoral Ministry*

THE ANDREW E. SLABY, MD, PHD, MPH SCHOOL OF SPIRITUAL CARE

Our Spiritual Care degree allows professional care providers to expand their education to include working with individuals' spiritual needs as well as their biological, psychological, and sociological needs. It is designed for the multidisciplinary pastor, spiritual director, minister, clergy, chaplain, or others who would like to grow their knowledge and skill set in the area.

- *M.Th. in Spiritual Care*

SCHOOL OF CLINICAL PASTORAL PSYCHOTHERAPY

Our PsychoSpiritual Counseling degrees focus on allowing professional care providers to expand their education to include working with a person's spiritual needs. The curriculum supports those in the professional helping industry as well as those who have focused on Spiritually Integrated Psychotherapy.

- *D.Th. in Clinical Pastoral Psychotherapy*

SCHOOL OF SPIRITUAL CARE NURSING

Capstone has partnered with experts in the fields of nursing and spiritual care – including the Westberg Institute for Faith Community Nursing – to offer those who are interested in parish nursing, or interfaith nursing, a rich and in-depth degree in the art of spiritual care from a nursing vantage point.

- *M.Th. in Spiritual Care Nursing*

GRADUATE ACADEMY OF CPE SUPERVISION (GACS)

Our Graduate Academy offers updated, contemporary Clinical Pastoral Education (CPE) and Training. CPE centers in the past have traditionally created dividing lines similar to the silos in the medical care industry. GACS takes a different path, combining major areas such as pastoral psychotherapy, skills, formation, and interfaith and multifaith approaches. We train future supervisors in CPE who can appreciate, integrate, and apply all of these aspects of chaplaincy. We take CPE back to the days of Boisen and Cabot while addressing today's challenges.

- *Clinical Pastoral Education*



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