

Anne Hege Grung

Complexities of spiritual care in plural societies: An introduction

Spiritual care could be approached as one of the most meaningful activities of re-humanization and meaning-making in challenging human situations. A spiritual caregiver may in certain situations of human trauma be as pivotal as a medical practitioner. The aim of spiritual care, in whatever way one understands the concept, is to enhance people's lives, to foster resilient communities, to allow people to flourish, and to build human hope. People receiving spiritual care do not belong to any specific human category – everyone is potentially needy and a possible receiver of such care under circumstances marked by crisis and loss.

Investigating the conceptual meaning of spiritual care reflects that the broad understanding of the term in a hospital context is connected to specific care seeking to address and encounter existential and spiritual needs, and challenges connected to illness and crisis (Hvidt et al 2020, 2). In hospitals, research show that spiritual care increases the quality of life for the spiritual care receivers, and that failure to provide such care may have negative consequences for the patients' health and well-being (Hvidt et al 2020, 2).

Spiritual care is of interest beyond health institutions and hospitals, and the practice has an everyday perspective: Social communities such as family and friends share necessary meaning-making, counselling and mutual care. This everyday perspective is hidden within most scholarly or political discourses of spiritual care, and the perspective of the everyday is not our main focus in this volume. To keep this perspective in sight, however, is necessary as a reminder of the deeply human and common practice of seeking hope in community with others and mutual meaning-making as a life-giving, crucial activity. Most of the actually performed spiritual care is thus not limited to specific realms of life or to specific people, and its everyday performance is not under the control of experts, or professionals as such.

What spiritual care means in practice within plural societies would differ, and this is one of the starting points for the contributors in this book. In an encounter of spiritual care, there is a need to establish communication and trust. The question is not only if you as a receiver of spiritual care could communicate with and trust someone having a different cultural and religious background than yourself. The question is also if such an encounter provides meaning-mak-

ing and hope enhancing elements that would make deep sense to you in a situation where you seek spiritual care.

This volume addresses professional aspects of spiritual care in plural societies. This kind of care is integrated in public institutions of care and caretaking, such as hospitals, nursing homes, hospices, and correctional facilities/prisons in most of Europe and North America. Spiritual care through chaplaincy is also present in the armed forces, in institutions of higher education, and elsewhere. Leaders and staff in faith communities provide spiritual care in local communities. The challenges connected to pluralization of spiritual and existential care to encounter a pluralized population are conceptual, educational, institutional and political. Novel languages and scholarly discourses have to emerge in order to encounter both the current plurality and the complexity of the field. This volume aims to bring a substantial contribution to this field in the making.

The contributions focus on three areas: 1) The professional language and discourses of spiritual care, 2) Religious as well as existential concepts connected to spiritual care and 3) The education of spiritual caregivers. While *plural* and *plurality* is relating to actual, acknowledged, and sometimes embraced, human differences, *complexity* as a concept relates to the relations between these. There are two overarching complexities intersecting with the three areas listed above: The complexity of organizing spiritual care in specific plural contexts, and the complexity of the spiritual care's actual content in such contexts.

In practices and education related to plural spiritual and existential care in Europe and North America, religious and worldview differences are displayed and structured in various ways. Both from the inside – the actual praxis of spiritual and existential care and its content – and from the outside – including structure, education, and policy making – the structuring of the field could be based on a plural or a complex understanding, or on a combination of these. In the plural understanding, spiritual care relates to different practices and understandings according to various religious and worldview traditions. This perspective may emphasize the differences between the various ways to understand and practice spiritual care while seeking to keep the integrity of the various traditions, and establish education and chaplaincy parallel for each of them. With a complex perspective, however, spiritual care is regarded more generically across religious and worldview divides. This leads to concepts such as “interfaith spiritual care” and “interfaith chaplains”, indicating a non-confessional service of spiritual care. In the Netherlands and Norway, these concepts also include the Secular Humanist worldview, one (but not the only) reason why “existential” pairs up with “spiritual” in the description of such care. Viewed through complexity as a lens, the focus is less on content and resources located within each religious and worldview tradition and their communities, and more on spi-

ritual and existential care and chaplaincy as a possibly hybrid practice regarding religions and worldviews. The content as well as the practice would be more connected to the specific contexts and more specialized, for instance within health care or correctional facilities/prisons.

Complexity as a term can also refer to established relations between the involved partners in spiritual and existential care, crisscrossing religious and worldview boundaries, such as a religiously and worldview diverse team of chaplains in an institution. Using complexity as the main lens when describing the field, the religious and worldview traditions may become less significant as identity markers understood as respectively confined structures of meaning-making. One of the challenges of engaging with complexity in this way is that it may entail confirming religious and cultural hegemonies within the respective contexts because of this downplaying of religion and worldview as identity markers, with the possible result of overlooking or neglecting needs of religious and worldview minorities in specific contexts. Critical research on the inclusion of immigrants within Nordic welfare states suggests that the term “subordinated inclusion” reflects how these are included only on the premises of the majority, establishing “welfare state nationalism” (Keskinen, Tuori, Irni and Mullinari 2009, 5). Professional spiritual care as parts of the welfare structure should certainly be investigated through this critical lens.

Kwok Pui-Lan and others have insisted on introducing a post-colonial critical lens when exploring religious ministry in Christian churches (Pui-Lan and Burns 2016)). A postcolonial critical lens is also useful when exploring spiritual care and chaplaincy as a field. The plural societies figuring in the book: Canada, Germany, Denmark, Sweden, the Netherlands, the US and Norway are all societies deeply shaped by Christian traditions. Gé Speelman’s chapter in the book reflects over the practice of pastoral and spiritual care in the Netherlands from the 1830’s until today. She shows how pastoral care started as a disciplining practice from the Church’s side to ensure that the churchgoers were in a proper spiritual state before receiving the holy communion, and to prepare the sick and dying to face the divine judgement. The most significant shift Speelman identifies between the 1830’s and the contemporary Dutch context is the shift from focus on the collective to focus on the individual in spiritual care. This shift corresponds with the societies’ transformation from traditional to post-traditional – as a general trend – in the Netherlands as well as in Europe and North America. In a post-traditional society, the individual has rights, duties and possibilities to make significant life choices on an individual basis. This does not entail that traditions, for instance based on culture or religion, have vanished or become irrelevant, but that the increased emphasis on the individual shapes how these tra-

ditions are conveyed and positioned. This unfolds differently within various contexts, and within cultural and religious groups in these contexts.

As the general populations in North America and Europe are becoming more plural and more post-traditional, the adequate way to assess these areas is to shift the perspective from spiritual care as a mono-religious (Christian) activity to a multi-religious, an inter- or trans-religious activity. In a reflection over pluralization of theologies at European universities, these three modes of scholarly interaction in a pluralized academia is suggested (Leirvik 2020, 26–27). Speelman, in her contribution argues that spiritual caregivers need to recognize difference among the care-receivers on an individual basis in order to recognize the human dignity of the other. Most of the contributors in this book address one or several of the focused areas within the frames of different religious backgrounds such as Muslim, Buddhist, Hindu and Christian, within an inter- or trans-religious frame. The discussion is unpacked in various ways throughout the chapters: Is spiritual care to be understood as a religious (or worldview) based service, or as a general service of improving spiritual or existential health? Is professional spiritual care to be regarded as a generic activity, where the competence of the spiritual caregiver should be disentangled from religious and worldview traditions, or is it a specific, confessional activity, where the spiritual caregiver needs skills and background from a particular religious or worldview tradition in order to enter into the caregiving space? Different contexts answer these questions disparately. It seems that the overarching understanding and policies of governing religious and worldview plurality in a specific society plays a role in how these questions are answered, and in how professional spiritual care is organized in relation to this plurality.

One of the main discussions connected to spiritual and existential care in plural societies is thus whether one should follow a “plural” or a “complex” model regarding both organization and content. In addition, there are questions about whether personnel performing this care should be specialists, that is, people trained and educated in the field, or ordinary health workers such as nurses and doctors in hospitals. Anke Liefbroer, a contributor to one of the chapters in this book, has contributed to an article exploring various modes for integrating spiritual care into healthcare. Combining the questions “who should provide spiritual care”, and “what is the role of the caregiver’s spirituality when providing spiritual care”, the article suggests a matrix where “generalists” and “specialists” (“generalists” refer to all health personnel, “specialists” to educated spiritual caregivers) on the two ends of one continuum, and “particularists” and “universalists” are establishing the two ends of another. “Particularists” refers to generalists or specialists who provides spiritual care to patients of the same religion or worldview, and “universalists” to providers who offer this care to

all (Liefbroer, Ganzevoort, Olsman 2019, 249). The latter continuum refers to a plural vs. complex model of spiritual care regarding organization related to religious affiliations and worldviews, but the first continuum referring to generalists vs. specialists includes a pluralization related to various professions involved in spiritual care. We could therefore speak about the presence of a double pluralism of structuring spiritual care in healthcare, both referring to religion/worldview and referring to professions.

The professional aspect: Transforming the professional paradigm of the spiritual caregiver in plural contexts

When investigating the professional paradigm of spiritual and existential caregivers, we ask not only about the professional vetting of the work, but about the quest for integrity and the skills of the caregivers themselves. In religiously plural contexts several parties have interests in the matter: The institutions providing the care, faith and worldview communities, as well as the caregivers themselves. The chapter by Liefbroer, Lauwers, Coppens and Lambahadoersing describes how Buddhist, Muslim and Hindu spiritual care in the Netherlands is framed and performed in the Dutch context, and how chaplains carrying out this care has a double affiliation: to the institution where they are employed and to their faith community.

Chaplaincy and spiritual care have been formatted by the Catholic and the Protestant churches in Europe and North America. This entails that developing spiritual care practices from other traditions need to negotiate and evaluate their own stances, teachings and practices related to the Christian heritage concerning education, the professional language and discourses of spiritual care as well as religious concepts embedded in the practice. In addition, many of the contexts appearing in this volume's contributions are secular societies – formatted by particular Christian confessions. For some contexts, such as Sweden, Norway and the Netherlands, this has established a situation where the religious (Christian) element in spiritual care in public institutions has been significantly downplayed, and spiritual caregivers who are educated as Christian theologians highlight their ability and will to serve all, regardless of their religious affiliation or lack thereof (Ruyter 2014). But when spiritual caregivers from new religious and worldview backgrounds enter the field, the discussion returns about the religious or worldview identity of the service. This may lead to contestations over the content of spiritual care, and discussions around the professional paradigm.

In the Norwegian context, there has been a discussion over whether spiritual caregivers in hospitals as employed chaplains are to be legally regarded as health workers. Health workers have full access to the medical history of patients, and they regularly share information in working teams around the patients. The Norwegian ministry of health has decided that hospital chaplains are not to be included in the category of health workers, and among the chaplains, there has been diverging views of this ruling.¹ This is a question related to the professional paradigm: A health worker is anticipated to be serving all on equal footing, and not to be affiliated in her work with faith communities. The wish among many Norwegian hospital chaplains ordained to service by the Church of Norway to be regarded as health workers may therefore indicate that they regard their work to be religiously neutral or “secular”. This could further lead to a position where employing people of other faiths and worldviews as spiritual caregivers seem to be unnecessary, or even unwanted if they represent a re-introduction of religion and worldview as a marker of spiritual care. Other hospital chaplains are content with the decision of the ministry of health, because they claim this protects the chaplains’ confidentiality regime and uphold spiritual care as a protected area, outside of the curative and sometimes instrumental perspective of the health institutions². Confidentiality is regarded as a crucial part of the confessional paradigm but the interpretation of what it means, may differ.

In discussing transformation of the professional paradigm for spiritual and existential caregivers, the actual needs and wishes among the receivers and potential receivers of the care needs to be heard. The challenge is that there has been little research mapping this across North America and Europe. There are exceptions, such as Abu Ras and Laird (Abu Ras and Laird 2011), Liefbroer and Nagel (Liefbroer and Nagel 2021), and the chaplaincy research conducted by European Research Institute for Chaplains in Healthcare (ERICH), which mostly conducts large surveys³. The general lack of research may be surprising, but given the vulnerable position of patients, inmates and other receiving groups of this kind of care in institutions, it is ethically challenging to execute such re-

1 <https://www.helsedirektoratet.no/rundskriv/helsepersonelloven-med-kommentarer/lovens-formal-virkeomrade-og-definisjoner/3.definisjoner> (accessed December 21, 2021); see also https://www.regjeringen.no/contentassets/3810c6a1d2eb412485319c1dfbef00e4/333-uo-till-eggsnotat-prestetjenesten.pdf?uid=Oslo_universitetssykehus_HF_-_tilleggsmerknad_pre-stetjenesten (accessed December 21, 2021).

2 <https://www.ahus.no/avdelinger/medisinsk-divisjon/prestetjenesten#samtaler-og-sjelesorg> (accessed December 21, 2021).

3 <https://www.pastoralezorg.be/page/erich/> (accessed December 10, 2021).

search. This means that we need a sharp empirical turn in the study of spiritual care in order to get research based knowledge about the needs and how to meet this in an adequate way. The current professional paradigm puts the receiver of professional spiritual care as the decisive part: The needs of the patient, the student, the prison inmate should be in focus. At the same time, a pluralized population in the institutions – not only regarding religious/non-religious and cultural background, but also regarding the care receivers' mother tongue, gender, social belonging, makes it difficult to establish a perfect match between the caregiver and the care receiver. Some research show that such match is not required for experiencing high quality spiritual care for the involved parties (Liefbroer and Nagel 2021). However, there would be particular cultural and religious resources that would be unavailable for the care receivers if the caregiver does not have knowledge and skills about specific narratives or rituals outside of her realm. Whether these narratives and rituals are parts of the patients', students' or inmates' need would have to be further explored before deciding on whether a cultural/religious match – at least to a certain degree – is important. Then there is a question about whether the care receivers and potential care receivers are in a position to articulate their needs, or if they restrict themselves to ask for what they consider possible to obtain (Abu Ras and Lance 2011). This is where we indeed need empirical research in order to map the field.

The professional paradigm for spiritual caregivers may change if results of such research is consulted. There is however, a transformation which is clearly required in order to tune in to more pluralized populations: To include a more religiously and culturally plural group of spiritual caregivers to reflect the population more adequately. In some contexts such as the Netherlands, the US and Canada spiritual caregiver and chaplaincy teams have undergone such transformations. In Germany, Denmark, Norway and Sweden this is implemented to a much lesser degree.

An important matter connected to the discourse on professional paradigms is the question of authority, addressed in Beret Bråten's contribution in this volume. Drawing on fieldwork in Norwegian hospitals, Bråten claims that hospital chaplains affiliated to the Church of Norway – the country's by far largest religious organization and community – tend to downplay their traditional authority as religious leaders and signify their legal authority as well educated and qualified hospital employees. For Muslim chaplains in a Norwegian context, Bråten finds that they generally lack the same level of education as their Church of Norway colleagues, and that most of them lack a formal position as employed by the hospitals – they are engaged as volunteers ("lay chaplains") or part-time employees. Their access to authority in their role is primarily connected to traditional religious leadership within their communities. Bråten's findings show how

the structuring and organization of chaplaincy may generate differences in anchoring the professional authority for spiritual caregivers for the majority versus minorities, in this case the Muslim minority. This influences the position (or lack of position) of Muslim chaplains in Norwegian hospitals, but also the professional interaction between chaplains with different affiliations and legal status, which in its turn may lead to a less coherent understanding of the professional paradigm and the conduct of spiritual care.

The professional language and discourses of spiritual care: Plural, complex

Scholarly as well as political discourses on spiritual care are often connected to discourses on chaplaincy and religious leadership. Chaplaincy and religious leadership as positions executing spiritual care are seen as “spiritual care experts”, and several of the contributions will include reflections over chaplaincy work, and indirectly also religious leadership.

The scholarly discourses on spiritual care in Europe and North America includes broad disciplines such as psychology and theology. These two disciplines are in themselves constructed very differently and have different methods and aims. Psychology is using qualitative and quantitative methods and is mostly concerned with descriptive and therapeutic perspectives. Theologies in all its shapes increasingly engages with various methods, and are concerned with meaning-making and the use of religious resources such as scriptures, rituals and specific perspectives on human life. But psychology is also engaging with existential questions and health beyond the therapeutic, such as the contribution by Cecilia Melder in this volume shows. Melder explores the existential dimension of health through studies conducted by the World’s Health Organization (WHO) and suggests how to relate developed methods and interventions from these studies into plural and interfaith spiritual care contexts. Taking on a public health perspective, Melder suggests that extended collaborations between interfaith actors and faith communities on the one hand, and health institutions on the other establishes resilient and effective care structures within societies.

Within discourses of Practical Theology, the traditional academic locus for spiritual care, Christian theology is still the main hermeneutical framework although a more plural shaping of Practical Theology is emerging in some institutions. If we extend the field of Practical Theology to discourses of chaplaincy,

there is, particularly in the UK, North America and the Netherlands a substantial and vivid discourse connected to this.

It seems obvious that a pluralization of spiritual care requires a pluralization of theologies, in the sense that other religious traditions than the Christian are included at the table as well as in the institutional corridors. Philosophy has emerged as a small, but significant contributor to the field through the concept Philosophical Practice. For some Secular Humanists, this provides a framework for their spiritual and existential care (Schuhmann 2015). One of the most significant tasks yet to be accomplished could be to integrate the Secular Humanists' take on philosophical practice and philosophy in the broader religiously marked discourse on spiritual care. Within Islamic, Buddhist, Hindu, Jewish, and other traditions people are equipping themselves theoretically and practically to meet requirements and standards for spiritual caregivers in Europe and North America. For some of these traditions, considerable translation and hermeneutical work is needed to adapt these religious resources to a Northern American and European context of spiritual care. Several of the contributions to this book reflect such work: Schröder, Roloff, Baig, Isgandarova as well as the chapter by Liefbroer Lauwers, Coppens and Lalbahadoersing.

How to include the work done within Islamic, Buddhist, Hindu, Jewish, and other traditions as full partners within discourses of spiritual care in Europe and North America is a salient question reflecting a comprehensive task. We can find resources to address this within interreligious hermeneutics and interreligious studies, where the relational aspects of religious pluralism is explored, and theorized (Leirvik 2014). This includes critical reflection over power relations and postcolonial perspectives (Grung 2020). There has also been some work on inter-rituality, exploring what inter- and trans-religious encounters through rituals may entail (Moyaert 2019). This is relevant also in the discourse of plural spiritual care. Performing religious rituals is sometimes expected from spiritual caregivers, sometimes outside religious and worldview concordance. Moyaert describes inter-ritual spaces as "(...) far messier, the identities of the parties involved are multilayered and complex, and their intentions ambivalent" (Moyaert 2019, 6). She claims that in contexts of inter-rituality, the involved parties have to make strategic decisions about how they want to relate ritually to other traditions.

The praxis of Spiritual Care is not necessarily reflected well in the scholarly discourse. In praxis, spiritual caregivers as well as the receivers of such care and the institutions with the overarching responsibility have to find pragmatic solutions in urgent situations. Spiritual Care as a field is by some claimed to only slowly recognize a necessary main focus on praxis (Grung, Danbolt, and Stifoss-Hanssen 2016).

Religious and existential concepts of spiritual care

To establish a more relevant cluster of resources regarding spiritual and existential care in religiously and worldview diverse societies, there is not only a need to reflect over the plurality or complexity in itself, but also to obtain knowledge about how other religious and worldview communities than the Christian articulate and approach their interpretation of this care. In this volume, we have in particular focused on Buddhist, Christian and Islamic traditions and included both empirical and philosophical/religious/theological research on these. The chapter by Gé Speelman reflects changes within the Churches' conceptualization of spiritual care in the Netherlands over the last two decades. Carola Roloff's chapter discusses the emerging concept of Buddhist chaplaincy, shows how Buddhist care practices connect to Buddhist teachings, and how these practices can work in secular institutions. She also discusses the intra-religious plurality within Buddhism and how Buddhist care practices offer resources for interreligious spiritual care.

The chapters by Naveed Baig, Jussra Schröer and Nazila Isgandarova all discuss concepts and practices of Islamic spiritual care, but relate to different contexts and highlight various aspects. Baig discusses Islamic spiritual care in relation to core concepts he identifies in Islamic theology to make a strong connection between theology and care practices. He also reflects over Islamic chaplaincy in the West. Schröer relates to the German context and includes an empirical study on Islamic spiritual care in Germany. She also gives an overview of the German state of the art, including the current pressing challenges related to education, available positions and integration of Islamic spiritual care in the German society. Isgandarova focuses on women's voices in Islamic spiritual care. Throughout her contribution she reflects critically over the power relations connected to the gendered understanding of spiritual care as well as religious leadership within Islamic traditions. Isgandarova identifies issues Muslim women spiritual caregivers may face and provides resources to encounter these and transform Islamic care practices to fully include women.

Education of spiritual caregivers

Spiritual care as an organized, institutional activity has been affiliated to Christian religious communities and churches in North America and Europe, and categorized as pastoral care, connected to the role of the clergy (Sullivan

2014). This entails that this kind of care has been integrated in the Churches' mission, but is also deeply rooted in their identity. The practice of spiritual care (pastoral care) has been reflected on within Christian theological discourses such as Practical Theology, and necessary skills conveyed within Christian theological education. Due to the increasing pluralization, other traditions than the Christian have engaged in discourses of spiritual care. Some Buddhist, Islamic, and Secular humanist scholars and practitioners have taken up a comprehensive task of developing necessary tools, concepts and language from their traditions' resources to provide an adequate framework and an understanding of what Buddhist, Islamic and Secular Humanist spiritual care could be in the context of plural contexts shaped by Christian and/or secular majority populations. This is to some extent – and increasingly – reflected in a pluralization of the education of spiritual caregivers. A growing number of institutions of higher education are offering programs for the training of spiritual caregivers from various religious and worldview traditions in Europe and North America. Most of the institutions offering this are traditionally educators of Christian clergy. Jennifer Peace claims that in order for these institutions to make an integrated plural turn, there needs to be a focus on co-formation, not only formation. Co-formation entails that students do not learn about people from other religious and worldview affiliations, but learn from them and with them (Peace 2020).

Su-Yon Pak and Gregory Snyder's contribution to this volume reflects over challenges and possibilities in a Buddhist chaplaincy education at a Protestant Seminary in New York. The education highlights formative aspects of the education, including theological reflection and self-inquiry, and their question is how to create a pedagogy "that allows meaningful religious difference to endure while cultivating the possibility for connections to be realized across that difference" (Pak and Snyder, 263). An inter- or transreligious mode of chaplaincy education requires, according to Pak and Snyder, that all involved parties engage with "practical vulnerability" – including not only teachers and students, but the institution itself. They claim that normativity is a necessary frame to establish interreligious wisdom, but this normativity should be open enough for all engaged to be able to find and express themselves within it.

Acknowledgements

This volume aims to provide valuable resources for scholars and practitioners in the field of spiritual care in plural societies. The contributors represent a plural group of scholars regarding religious affiliation, scholarly discipline, gender, age and cultural backgrounds. All contributors met physically in two workshops con-

ducted by the Faculty of Theology, University of Oslo, in June 2018 and June 2019. Thanks to the Faculty of Theology, UiO for providing the resources to hold these workshops, and for providing funds to publish the volume as Open Access. The contributors have shown engagement and patience throughout the pandemic times that delayed all of us – thank you to each one. A particular thank go to PhD Helena Strandli Schmidt, who contributed to the editing and offered valuable comments.

Ataullah Siddiqui, who was supposed to be one of the contributors, stated in one of the workshops we had to share our work on spiritual care proceeding this publication, that the best qualification for a religious leader was to undergo training in spiritual care and chaplaincy work. Ataullah Siddiqui passed away in November 2020. This volume is dedicated to him. Not only was he a significant pioneer and entrepreneur of Muslim chaplaincy and spiritual care in the UK as well as to the education of Muslim spiritual caregivers, he also contributed substantially to the development of Islamic spiritual care in other contexts such as the Danish and the Norwegian.

References

- Abu Ras, Wahiba, and Laird Lance. 2011. “How Muslim and Non-Muslim Chaplains Serve Muslim Patients: Does the Interfaith Chaplaincy Model have Room for Muslims’ experiences?” *Journal of Religious Health* 50: 46–61. DOI: <https://doi.org/10.1007/s10943-010-9357-4>
- Grung, Anne Hege, Lars Johan Danbolt, and Hans Stifoss-Hanssen. 2016. “Sjelesorg på plass. På sporet av dagens sjelesorgpraksis i Den norske kirke.” *Tidsskrift for praktisk teologi* 1: 28–43.
- Grung, Anne Hege. 2020. “Interreligious or Transreligious?” In: Hans Gustafson (ed.) *Interreligious Studies: Dispatches from an Emerging Field*. Wako: Baylor University Press. 58–65.
- Hvidt, Niels Christian, Kristina Tomra Nielsen, Alex K. Kørup, et al. 2020. “What is spiritual care? Professional perspectives on the concept of spiritual care identified through group concept mapping.” *BMJ Open*; 10:e042142. DOI: 10.1136/bmjopen-2020-042142
- Keskinen, Suvi, Salla Tuori, Sari Irni, and Diana Mulinari (eds.). 2009. *Complying with Colonialism: Gender, Race and Ethnicity in the Nordic Region*. Farnham, Burlington: Ashgate.
- Leirvik, Oddbjørn. 2020. “Pluralisation of Theologies at Universities. Approaches and Concepts.” In: Wolfram Weisse, Julia Ipgrave, Oddbjørn Leirvik, and Muna Tatari (eds.) *Pluralisation of Theologies at European Universities*. Münster, New York: Waxmann. 25–34.
- Leirvik, Oddbjørn. 2014. *Interreligious Studies: A Relational Approach to Religious Activism and the Study of Religion*. London, New York: Bloomsbury Academic.

- Liefbroer, Anke, Ruard R. Ganzevoort and Erik Olsman. 2019. "Addressing the spiritual domain in a plural society: what is the best mode of integrating spiritual care into healthcare?" *Mental Health, Religion & Culture* 22/3: 244–260. DOI: 10.1080/13674676.2019.1590806
- Liefbroer, Anke, and Ineke Nagel. 2021. "Does Faith Concordance Matter? A Comparison of Clients' Perceptions in Same Versus Interfaith Spiritual Care Encounters with Chaplains in Hospitals." *Pastoral Psychology* 70: 349–377. DOI: 10.1007/s11089–021–00947–4.
- Moyaert, Marianne. 2019. "Broadening the Scope of Interreligious Studies: Interrituality." In: Marianne Moyaert (ed.) *Interreligious Relations and the Negotiation of Ritual Boundaries: Exploration of Interrituality*. Cham: Palgrave Macmillan. 1–34.
- Peace, Jennifer. 2020. "Religious Self, Religious Other: Coformation as a Model for Interreligious Education." In Najeeba Syeed and Heidi Hadsell (eds.) *Critical Perspectives on Interreligious Education: Experiments of Empathy*. Leiden: Brill Rodopi. 201–219.
- Pui-Lan, Kwok, and Stephen Burns (eds). 2016. *Postcolonial Practice of Ministry: Leadership, Liturgy and Interfaith Engagement*. Lanham, Boulder, New York, London: Lexington Books.
- Ruyter, Knut. 2014. "Space for Religion in Public Hospitals." In: Rosemarie van den Breemer, José Casanova, and Trygve Wyller (eds.) *Secular and Sacred? The Scandinavian Case of Religion in Human Rights, Law and Public Space*. Göttingen: Vandenhoeck & Ruprecht. 197–220.
- Schuhmann, Carmen. 2015. "Counselling and the Humanist Worldview." In: Andrew Copson and A.C. Greyling (eds.) *The Wiley-Blackwell Handbook of Humanism*. Hoboken: Wiley-Blackwell. 173–193.
- Sullivan, Winnifred Fallers. 2014. *A Ministry of Presence: Chaplaincy, Spiritual Care, and the Law*. Chicago, London: University of Chicago Press.

