Cultural Immersion in Neighboring Communities

Satoe Soga

In this article, I discuss the importance of using experiential learning to enhance cultural competence. The article is based on a study of a pilot clinical pastoral education (CPE) program called Cultural Immersion CPE that was conducted in an urban hospital in Dallas, Texas. The students were embedded in neighboring minority faith communities during their CPE training while serving as hospital chaplains. I present qualitative data collected from stories shared by the participants in this program to reflect on the effectiveness of enhancing cultural competence and increasing empathy through experiential learning.

Cultural Competence and Self-Awareness

Cultural competence is a requirement for health care professionals serving a patient population from diverse sociocultural and religious backgrounds. It is broadly defined as "the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients."[1] If one looks more deeply into the competency

Satoe Soga is manager of CPE programs at Baylor Scott & White Health, Dallas, Texas. Email: Satoe.Soga@BSWHealth.org.

Reflective Practice: Formation and Supervision in Ministry
ISSN 2325-2847 (print)* ISSN 2325-2855 (online)

of the professional care provider, however, one cannot deny that an important element is the care provider's self-awareness.

Self-awareness in the helping professions means being aware of one's thoughts and feelings and one's status and power and how they impact one's interaction with others. None of us is exempt from having preferences and biases. We are all socialized within our respective cultures with values, thought processes, and behaviors. We have the tendency to believe that the way we speak, act, and behave are culturally appropriate—are, in fact, the cultural *standard,* especially when our language, culture, or religious practice is accepted as the norm by the society we live in. When our cultural practices are accepted as the norm in our society, at a subconscious level we may dislike anything that is different and judge other ways of being as abnormal or inferior. As health care providers who are in positions of power, we need to become aware of our cultural practices so we do not impose personal bias on the care receiver and participate in cultural oppression.[2] As Geri-Ann Galanti states, cultural competence "begins with understanding your own culture and biases, becoming sensitive to the culture of others, and appreciating the differences."[3] When we appreciate difference, we help patients from diverse backgrounds to feel at ease when receiving care.

Empathy and Experiential Learning

Cultural competence requires not only the awareness of culture and appreciation of differences but also the ability to imagine the experiences of another person. It requires empathy. Empathy is an *entering into* another person's experience. It is the ability to utilize one's intellect, physical memory, and imagination to comprehend another's thoughts and feelings.[4] It imagines what the other is feeling and what the other might need and responds in caring ways.[5] Without empathy, health care providers may focus mainly on technical actions and questions. They may ask, Has everything been done correctly? without asking the care-ethical question, Has everything been done to benefit the care receiver?[6] Derald Wing Sue and David Sue also emphasize the importance of understanding the emotions. "[Cognitive] understanding and intellectual competence are not enough. Concepts of multiculturalism, diversity, race, culture, ethnicity, and so forth are more than intellectual concepts. Multiculturalism deals with real human experiences,

and as a result, understanding your emotional reactions is equally important in the journey to cultural competence."[7]

In order to enhance one's ability to empathize, one of the best educational methods is immersion. Immersion is a model of experiential learning through which students develop knowledge, skills, and values from direct experiences. It enables students to experience course content outside the classroom, where concepts can be better integrated into their lives.[8] Patients from various cultural, linguistic, or religious backgrounds come to the hospital, inevitably bringing their diverse life experiences and their emotional reactions to injury, illness, and other people. In order to meet them where they are, the healing team must be equipped to understand how they feel. If the health provider has empathy, an emotional understanding of *how to enter the other's experience*, then it can be an effective therapeutic element for patients that results in better communication, greater treatment satisfaction, and increased quality of life.[9]

Immersion as Experiential Learning

Cultural immersion experiences have been utilized as a pedagogical approach to multicultural learning in disciplines related to the helping professions.[10] Positive outcomes of this experiential training include enhanced cultural awareness, self-awareness of one's own culture, cultural empathy, critical consciousness, commitment to change, and social justice advocacy.[11] Cultural immersion CPE moves regular cultural immersion pedagogy one step further. It creates an environment for chaplain students to experience what it is like to be a minority. When a chaplain is in a cultural group that is different from his or her own cultural group, the intern becomes "the designated minority," who inevitably runs into barriers such as language or culture and challenges such as confusion, misunderstanding, or exclusion, which are common experiences minorities encounter in everyday social interactions. As the chaplain experiences what it is like to be a minority through social interactions, he or she cultivates an attitude of empathy that enhances professional knowledge. When serving patients from minority backgrounds in the hospital, rather than just focusing on technical knowledge to address the illness itself, the chaplain is equipped to addresses the

health and feelings— the holistic health—of the patient, taking into consideration the patient's cultural, religious, and spiritual needs.

Educational Contexts

The contexts we utilized for this immersion were the neighboring minority faith communities of our hospital. Baylor Scott & White Health is a not-for-profit health care system that provides health services to individuals living in north and central Texas. The Baylor Scott & White Health system includes forty-three hospitals. Our program is housed at the flagship hospital, Baylor University Medical Center, located just east of downtown Dallas. The four faith communities involved were located in the Dallas-Fort Worth area. These were a African Presbyterian church with a mostly Nigerian congregation, a Latino Baptist church with a Spanish-speaking congregation, a Latino Methodist church with both English- and Spanish-speaking congregations, and an Islamic center.

Baylor University Medical Center's CPE Center is accredited to offer training at every level of CPE in a wide variety of contexts. In the Department of Pastoral Education, we developed Cultural Immersion CPE as part of the part-time CPE unit. The hospital's extended part-time CPE requires students to complete at least 320 clinical hours and at least 100 hours of education to meet the ACPE accreditation requirement. For cultural immersion, each student is required to complete 300 clinical hours in the hospital, and the remaining 20 hours are to be fulfilled through immersion with a host family within a faith community. While the student is embedded in a particular faith community, the host family agrees to help each CPE intern to develop relationships, to understand the community's experiences and concerns as a minority group, and to ask questions they may have about obtaining necessary health care in America.

Program Objectives

The focus of the Cultural Immersion CPE program is twofold: educational and institutional. The educational focus is designed to enhance students' awareness. It is meant to help students to become aware of their emo-

tional reactions and their own cultural and theological values that, along with other biases and assumptions, may inhibit their ministry in a diverse cultural setting (ACPE Objectives 309.1 and 309.2).[12] Building on this increased self-awareness, the program seeks to develop students' understanding of a minority community's experiences and perspectives in a health care setting so they can offer spiritual care that is culturally and spiritually sensitive and appropriate (ACPE Objectives 309.4, 309.5, and 309.6).[13] The institutional focus of the cultural immersion program is to live out the institutional mission and ambition. Through this program, we strive to promote the well-being of all individuals, families, and communities, and we aim to be the trusted leader, educator, and innovator in value-based care delivery, customer experience, and affordability.[14]

Rules of Engagement

Since the Cultural Immersion CPE program was a pilot program, we explored various cultural immersion models and came up with some rules of engagement for the students and the host families. We allowed each intern and the respective host family to decide how they would spend their time with each other for the 20 hours within the 20-week period. Each session could last four, three hour, or two hours, depending on the nature of the activity. The host family received guidelines during the orientation about what to do and what not to do. They were asked to go on with their daily life without significantly changing their routines and activities to accommodate the student. They were told they could encourage the student to attend events sponsored by their faith community such as Bible study, worship services, lectures, or festivals. They could invite the chaplain intern to their home for lunch or dinner; most of the minority communities value hospitality and develop friendships over meals. As for the chaplain interns, they were to be open to what this immersion process could teach them and to explore and imagine the most effective ways to offer health care for minorities in a culturally sensitive and helpful manner. We also developed a Clinical Placement Agreement with the faith communities, as advised by our legal team. This agreement helped ensure the safety of the CPE students and the faith communities involved.

Research Findings

Nine students participated in the pilot Cultural Immersion CPE training. Five students participated in the 2017 program, and four students participated in the 2018 program. At the conclusion of the units, all students presented their experience and taught their CPE peers about things they had learned concerning the faith community in which they were immersed. Sheryl A. Kujawa-Holbrook states, "Personal narratives are at the root of how we experience differences, as well as how we experience God."[15] As a chaplain educator who discovers God in human experiences, I present below excerpts collected from chaplain interns from the two programs. For the sake of confidentiality, I have used pseudonyms to protect the identity of each participant.

Case #1

Daniel was a monolingual European American male student immersed in a Spanish-speaking faith community. As he interacted with the congregation, he started to realize that he had a tendency to engage with people who were similar to him. After several engagements with the Spanish-speaking faith community, Daniel became in touch with his feelings of loneliness and anxiety. This caused him to imagine how non-English speakers might feel in a hospital setting. He considered

> *the gravity of the loneliness, confusion, and the potential fear a family can feel as they enter into the intimidation of the ICU and are unable to formulate relationship[s] with the staff team unless an interpreter steps in. But even so the intimacy is lacking, because the directness of the common mutual language is lost. . . . This is the first time I ever considered something of a cultural difference not only with my mind but with my emotions.*

Daniel later ministered to a Spanish-speaking patient with suicidal ideation. Rather than letting the language difference move him away from caring for the patient, Daniel utilized a Spanish-speaking staff member as an interpreter and listened to the patient's despair. As a result, Daniel enabled the suicidal patient to have an important conversation with his son, which dissipated the patient's desire to end his own life.

Case #2

Anthony and John were immersed in the same Spanish-speaking church during the fall extended unit. Anthony was an African American student, and John was a Nigerian student. They each had a different host family within the same congregation. In the beginning of the unit, while their colleagues were scheduling their 20-hour immersion with their host family, Anthony and John had a difficult time getting responses from their host families. Anthony shared with the group his feelings and assumptions about his host family during an interpersonal relations (IPR) session:

> *I wonder if my host family does not like me. I took the initiative to talk to them and engage with them, but they seem to be distant. The two daughters of my host family speak English, so they serve as the translators between myself and the parents of the host family, but I am not sure if they are interested in me.*

Thinking that people did not like him was not foreign to Anthony. In his personal history, Anthony shared that he experienced disapproval from his father, so the lack of contact he experienced from his host family reinforced his familiar assumption of not being wanted. John, however, had a different perspective. John invited Anthony to consider the following:

> *Just like you are struggling with the language and the culture, your host family is experiencing the same struggle. The parents of the host family are not English speakers. They may have difficulty speaking to you, not wanting to make mistakes in English. They may have difficulty knowing what to talk about, because they have not found something in common with you to talk about.*

John proceeded to share about the tendency of people to congregate with those who speak the same language and have similar life experiences. As a Nigerian minister who had done missions in other countries, John had observed members of faith communities not knowing what to do with visitors from other countries. He encouraged Anthony to keep working on it and be patient with the host family. John's input helped Anthony to interpret the behavior of his host family from a different angle.

Anthony's concern prompted me, as the program supervisor, to seek clarification and counsel from the pastor of the Latino congregation. When I brought Anthony's concern to the attention of the pastor, she acknowledged the need to encourage the host families to spend time with the chaplain interns. Nonetheless, she also clarified that the women from both host families were busily involved in the women's retreat as leaders of the church. She further noted that, in her experience with Latino families, women were the

drivers. When the woman was away, there was no centralized influence to mobilize the family for any activity. This was reflected in both students' experience of a lack of contact. The pastor's clarification helped Anthony to realize how his assumptions based on his personal history impacted his interpretation of the behavior of the host family. He also learned the importance of clarifying and understanding the story of the other party so he would not let his own assumptions influence his attitude toward his host family (ACPE Outcome 311.2).[16] Due to his tenacity and his fun-loving personality, Anthony persevered, and his relationship with the host family improved.

Case #3

Pearl was a European American Christian chaplain who was placed in the Islamic community for her cultural immersion during the Fall extended Unit. She had received theological training at a seminary that emphasized the inerrancy of the Bible, and her upbringing also stressed the importance of finding the correct answer to matters related to life. While she was open to engaging people who are different and excited about the opportunity to learn from them, she did not expect the treasure she would receive and the turmoil she would go through.

At the beginning of their interaction, Pearl was surprised to discover the access she had as a woman to the woman in the Muslim family in which she was embedded. According to the guidelines of Islam, men and women are to show modesty through their attire. In the presence of the opposite gender, being modest in both actions and appearance are means to maintain and elevate human dignity. When the mother of the host family showed Pearl her face without her hijab (veil), she told Pearl that the previous male chaplain intern had never seen her face. Having a history in her own family of not been seen and heard, Pearl was elated and touched by the honor given to her to engage with the mother of the host family and "see her" without any visible barrier. Pearl also learned from the mother of the host family that wearing the hijab and covering her face was her own decision. The mother of the host family had had a conversation with her husband about whether to cover her face or not. Her husband acknowledged that the decision was between her and Allah and that he would support her decision. The mother of the host family decided to cover her face in the presence of men who were not relatives. Pearl was moved by the opportunities granted her to see her host mother. She also treasured the moments she engaged in theological

conversation with the host family openly and freely. She was excited to see and hear every member within her host family, and she cherished the way they saw and heard her in return.

When she was exposed to various lectures and observed several prayer meetings, Pearl was brought to a place that shook her theological foundation. As she listened to the teachings of Islam that encourage believers to serve, as she engaged with her host family in intellectual conversation regarding God and creation, as she observed those who believed in their faith deeply and practiced its teachings in their everyday lives, Pearl began to wonder if she was the same Christian she had been before the immersion experience. The experience with her host family and the friendships she built within the Islamic community created difficult emotional, intellectual, and spiritual challenges for Pearl. She had to reconstruct her own faith and pursue God and the creation from a different angle, taking into consideration the perspectives of non-Christians (ACPE Outcomes 312.2, 312.3, 312.6, 312.7).[17]

At the end of the unit, Pearl spoke of an experience of heart-break she had when she saw a man praying in the hospital chapel:

> I was i*n our chapel and I saw a man standing there. . . . I thought he was a Christian man worshipping God. But immediately he bent his body in a certain way, and I realized that he was a Muslim man praying. It was about 12:30 or 12:45, so the man was doing his noon prayer. At first, I was excited about recognizing what he was doing, and I had a deeper appreciation for that. And very quickly my excitement turned to heart-break. Because here was this man trying to honor God and pursue connection and worship, but one of the people in front of me was on his cellphone, and there was another woman in the chapel beside myself . . . the whole set-up was not what he would encounter at a Mosque. On the one hand, I felt very glad that he did feel welcome in the chapel, because he was welcome, but on the other hand, he did not have a rug to pray on, and he was praying on the carpet. I felt so bad that he was bowing down and placing his face on the carpet. My heart broke. I wanted to be able to provide something for him that showed a little more that "Yes, this space is here, and let's make this space even more accommodating for you, because we do want you to be here and we do want you to get what y*ou need to worship, and we do value you."

Pearl went through a process of "theological empathy," in Doehring's term. According to Doehring, theological empathy occurs "when spiritual caregivers stand in the shoes of those theologically different from them and appreciate how their lived theology can be a home for them in troubled, challenging times." It is an experience of "affective mentalizing, in

which spiritual caregivers imagine the kinds of lived theologies or spiritual orienting systems generated by the emotions that the other seems to be experiencing."[18] Because of the increased empathy Pearl felt toward the Muslim man praying in the chapel, she became an advocate for the Islamic community within the Department of Pastoral Education at Baylor University Medical Center. She encouraged the department to provide space and prayer kits that would assist the Muslim patients and family members to maintain their spiritual practices.

Summary of Findings

Based on the stories of these students and others not quoted above, I can summarize our research findings as follows:

- Two immigrant students—one from India and another from China—discovered commonality between their culture and the culture of their host families, which were Latino and Nigerian, respectively. The similarities rested upon culinary methods and family values.
- An Iranian Christian student, who had previously converted from Islam to Christianity, experienced welcome and healing as he interacted with the Islamic community.
- One European American student and one Asian student received mentorship from the father of their host family, who was also the pastor of the African church.
- Three European American students subsequently engaged with patients from different cultural backgrounds than their own on a deeper level because of the connection they developed with their host families.
- One African American student and one African student experienced challenges meeting regularly with their respective host families.
- All students spoke of their increased appreciation for diversity, equality, and inclusion. They all spoke of their greater comfort level in engaging with patients who were different from their own cultural or religious backgrounds.

As our findings demonstrate, experiential learning has the potential to transform students.[19] Some students became aware of their assumptions and had their perspectives modified; some gained the courage to engage with people they normally would not encounter (ACPE Outcome 311.7)[20]; and some students developed deeper connections with patients who resem-

bled the culture of their host families. The program helped the students achieve ACPE objectives and outcomes. The program also cultivated empathy and understanding among some of the students. Daniel recognized the loneliness and confusion a non-English speaking patient may face in the hospital; Pearl was deeply moved by the discomfort the Muslim man might have experienced in the chapel.

The pilot Cultural Immersion CPE program enhanced Baylor Scott & White Health's ability to achieve its system strategy, as well. It promoted healing and the well-being of all individuals regardless of culture, language, or religion (our department's mission); it served faithfully and collaborated with local communities as equal partners (our institutional value); and it promoted the hospital as the trusted leader, educator, and innovator in value-based care delivery and customer experience (our ambition). We began a needed conversation within our department on how to create an environment in which people of various faiths could meet their spiritual needs during vulnerable moments in the hospital. For example, we engaged with food service staff regarding food that respects religious practices. We collaborated with local communities as equal partners when we provided assistance to one another. Each minority faith community received a modest honorarium from Baylor University Medical Center for contributing to our chaplain's professional formation. We responded to the needs of particular congregations, for example, by offering bilingual health information to the Latino Methodist Church and by establishing an ongoing partnership with Islamic communities. The participating Islamic community gave Baylor Scott & White Health an award for outstanding community service through the Cultural Immersion CPE program.

Further Reflection On Program Outcomes

We celebrated our program's success, but we also examined challenges the program encountered. Principal among these was the immersion of a minority intern with a family from a different minority background. When we reviewed the experience of Anthony, an African American intern, and his Latino host family, the family's pastor and I discussed the barriers existing *between* minority groups. Anthony's host family assumed that they would feel more comfortable with Anthony as another minority than with

Daniel, an Anglo intern. They thought their common experience with discrimination would bond them better. In this case, contrary to everyone's expectations, it was actually more difficult for a minority student to be immersed in another minority community.

All minorities have engaged with the dominant European American culture, so engaging with people from the dominant culture is not a new experience. When Anthony engaged with his Latino host family, both parties had to work with a culture with which they were not familiar. It took more effort for the parties to experiment with each other, to test their comfort zone with each other, and to build the relationship. At one point, we considered whether it would be easier to place a minority student with a European American host family in the congregation, and one minority student made this particular request for the future. Yet I am not convinced that this kind of arrangement would serve the purpose of Cultural Immersion CPE. One of the goals of the program is for the students to understand the plight of minority patients and to offer culturally appropriate care. This facilitates connection points between people who do not normally interact with one another.[21]It is as important for minority students as it is for students from the dominant culture to increase empathy toward patients from other minority groups in order to achieve cultural competence. What I will do in the future is to better prepare the minority students and the host families for the immersion experience. I will help them become aware of the possible discomfort that may arise since both parties need to adjust to another culture that they normally would not interact with.

Monitoring each student's immersion hours has proved to be beneficial. I took this action after incorporating feedback received from the 2017 fall extended unit. This effort helped me to notice concerns and to address them in a timely manner. For instance, the challenge Anthony and John faced in meeting the 20-hour immersion requirement compelled me to engage in two separate conversations with the pastor, which led to our realization of the barriers between minority groups. Noticing the immersion pattern also helped me to pay attention to students' learning concerns. If there is resistance on the part of a student in the future, I should be able to notice it and offer supervisory intervention.

Putting together the Cultural Immersion CPE changed me as an ACPE certified educator. It also increased my confidence and competence as an educator within our institution. To reduce the workload for the staff chap-

lains due to students being sent into the community, I created one additional intern position for the extended unit to cover the clinical needs. In order to create a cost-effective educational program without placing a financial burden on the institution, I sought grants from organizations to support the program. These efforts helped me to acquire grant-writing skills and improved my communications with our foundation personnel and staff chaplains, and we received grants from two foundations. The ACPE Foundation was one of the funding organizations that supported the program, and it recognized Cultural Immersion CPE as one of the innovative programs for the year 2017.

Establishing collaboration with local communities also polished my networking skills. I spoke with several seminaries and numerous faith communities within the Dallas-Fort Worth area, and I attended various events sponsored by faith communities and chambers of commerce. The process of creating the Clinical Placement Agreement gave me the courage to communicate and negotiate with our legal team in order to make sure that the agreement demonstrated our intention to be equal partners. At the end of the 2018 unit, we were able to invite the leadership of Baylor University Medical Center to attend our luncheon with all parties involved in our program, and they listened firsthand to the stories from the students as well as from the host families and experienced the excitement of being part of this innovative educational program.

Limitations of the Data

The data from our pilot program and study are limited because (1) the number of participants was small, nine chaplains and five host families from various faith communities; and (2) the impact of the program on participants was self-reported.

Future Research And Development

The data from this project are people's subjective experiences—i.e., self-reported data. I hope to identify an appropriate assessment tool that can effectively measure students' cultural competency before and after the

training. Measurement used by studies in behavioral health care and intercultural competence such as Bennett's Developmental Model of Intercultural Sensitivity (DMIS; 1986, 1993)[22] and Hammer's Intercultural Development Inventory (IDI; 2003)[23] are possible models.

I also want to consider ways this program might mobilize students to have a greater impact in intercultural interactions and social transformation wherever context they work. Lockwood-Stewart states the importance of critically examining and assessing immersive learning on an ongoing basis.[24] Kushner also warned against the danger of "tourism," which does not change the places one visits or is immersed in for the better.[25] I hope that Cultural Immersion CPE will not only enhance students' appreciation for diversity, equality, and inclusion. I hope it will also motivate them to improve relationships with minority communities and improve intercultural relationships. As Rhodes states, "The key to personal and social transformation is post-immersion work and creating infrastructures that support that work."[26] If Cultural Immersion CPE can contribute to personal and social transformation even on a small scale, we will have achieved a great deal.

Conclusion

The hospital chaplain interns who participated in our pilot experiential learning program of cultural immersion increased their awareness of the loneliness, confusion, and exclusion minority patients and families go through in a dominant culture; grew in empathy toward people from an ethnic, cultural, and linguistic background different than their own; and made deeper connections subsequently with diverse patients in our hospital. Finally, sponsoring the Cultural Immersion CPE program began to change our institutional relationships with surrounding minority faith communities, making our staff and leadership more aware of the power relationships in play. Experiential learning can enhance cultural competence.

NOTES

1 Emily Ihara, "Cultural Competence in Health Care: Is It Important for People with Chronic Conditions?" Georgetown University, Center on an Aging Society, Issue Brief on Challenges for the 21st Century: Chronic and Disabling Conditions 5 (February 2004).

2 Derald Wing Sue and David Sue, *Counseling the Culturally Diverse* (Hoboken, NJ: John Wiley & Sons), 23.

3 Geri-Ann Galanti, *Caring for Patients from Different Cultures* (Philadelphia: University of Pennsylvania), 2.

4 Elisa Magrì, "Some Remarks on For-Me-Ness and Empathy," *International Journal of Philosophical Studies* 23, no. 5 (2015): 625–29.

5 Carrie Doehring, "Intercultural Spiritual Care," *Journal of Pastoral Psychology* 67, no. 5 (October 2018): 461–74.

6 Linus Vanlaere, Trees Coucke, and Chris Gastmans, "Experiential Learning of Empathy in a Care-Ethics Lab," *Nursing Ethics* 17, no. 3 (May 2010): 325–36.

7 Sue and Sue, *Counseling the Culturally Diverse*, 6.

8 George M. Slavich and Philip G. Zimbardo, "Transformational Teaching: Theoretical Underpinnings, Basic Principles, and Core Methods," *Educational Psychology Review* 24 (July 2012): 569–608.

9 Melanie Neumann et al., "Empathy Decline and Its Reasons: A Systematic Review of Studies with Medical Students and Residents," *Academic Medicine* 86, no. 8 (2011): 996–1009. doi:10.1097/ACM.0b013e318221e615.

10 Kyoung Mi Choi, Richard W. VanNoorhis, and Audrey E. Ellenwood, "Enhancing Critical Consciousness through a Cross-Cultural Immersion Experience in South Africa," *Journal of Multicultural Counseling and Development* 43 (October 2015): 244–61.

11 Judith A. Burnett, Dennis Hamel, and Lynn L. Long, L. L. (2004). "Service Learning in Graduate Counselor Education: Developing Multicultural Counseling Competency," *Journal of Multicultural Counseling and Development* 32 (2011): 180–91. doi:10.1002/j.2161-1912.2004. tb00370.x.

12 Association for Clinical Pastoral Education, *ACPE Standards Manual* (Decatur, GA: Association for Clinical Pastoral Education, 2016). https://www.acpe.edu/ACPE/Resources/Resources_.aspx, accessed Feb. 11, 2019.

13 Association for Clinical Pastoral Education, *ACPE Standards Manual*.

14 "About Baylor Scott & White, Baylor Scott & White Health, https://www.bswhealth.com/about.

15 Sheryl A. Kujawa-Holbrook, "Love and Power: Antiracist Pastoral Care." *Injustice and the Care of Souls,* ed. Sheryl Kujawa-Holbrook & Karen Montagno (Minneapolis, Augsburg Fortress, 2009) 19.

16 Association for Clinical Pastoral Education, *ACPE Standards Manual*.

17 Association for Clinical Pastoral Education, *ACPE Standards Manual*.

18 Carrie Doehring, "Teaching Theological Empathy to Distance Learners of Intercultural Spiritual Care," *Pastoral Psychology* 67, no. 5 (October 2018): 465.

19 Slavich and Zimbardo, "Transformational Teaching," 569–608.

20 Association for Clinical Pastoral Education, *ACPE Standards Manual*.

21 Alida Miranda-Wolff, "Experiential Learning through Cultural Immersion: Is Cultural Immersion the Next Wave in Leadership Development and Diversity, Equity and Inclusion?" Jan. 28, 2019, *Chief Learning Officer*, https://www.clomedia.com/2019/01/28/experiential-learning-through-cultural-immersion/.

22 Milton J. Bennett, "Becoming Interculturally Competent," in *Toward Multiculturalism: A Reader in Multicultural Education*, ed. Jaime S. Wurzel, 2nd ed. (Newton, MA: Intercultural Resource Corp., 2004), 62–77.

23 Mitchell R. Hammer, Milton J. Bennett, and Richard Wiseman, "Measuring Intercultural Sensitivity: The Intercultural Development Inventory," *International Journal of Intercultural Relations* 27 (2003): 421–43.

24 Odette Lockwood-Stewart, "Immersive Formation: Reflection on Dislocation and Transformation in Seminary Education," *Reflective Practice: Formation and Supervision in Ministry* 37 (2019): 169–84.

25 Jacob Kushner, "The Voluntourist's Dilemma," *The New York Times*, March 22, 2016.

26 As quoted in Lockwood-Stewart, "Immersive Formation," 172.