SPIRITUAL CAREGIVING IN RELATION TO ISSUES OF MENTAL HEALTH AND CHAPLAINCY: A CASE STUDY OF MR. K

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ABSTRACT

The case study of Mr. K (pseudonym) illustrates challenges and possible interventions for individuals living with mental health issues from a spiritual caregiver perspective. Mr. K sought ordination as a lay Buddhist minister as part of a chaplaincy program. Mr. K presented with childhood abuse and neglect along with posttraumatic stress disorder (PTSD) stemming from military service. The purpose of this article is to foster open discussion on mental health issues and spiritual care through the study of Mr. K's case. Self Psychology and Buddhist spiritual caregiving perspectives are utilized. This article proposes a theoretical Buddhist triangular healing model in which spiritual caregiving and mental health work in tandem.

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Introduction

Allman et al[1] and Johnson and Friedman[2] argued that individuals who present with mental health issues related to traumatizing events in life may find healing processes in religious or spiritual experiences. Through exploring clients' spiritual or religious experiences, mental health clinicians might better understand client needs.[3] Given this, Case[4] and Northcut[5] also argue that religion and spirituality should play a role in psychotherapeutic practice.

This approach is not only constructive but also can benefit a spiritual caregiver or mental health clinician to increase self-awareness on presented issue/s, allowing them to become better able to deconstruct the client's narrative, assess the client's inner strengths, and reconstruct a useful narrative for the client to begin the process of recovery. Northcut[6] viewed this approach as "constructivism" in healing. With general, sound practical skills, a spiritual caregiver may empower each client to utilize their religious or spiritual resources to assist them with their healing. Awareness of psychotherapy treatment techniques can also assist a spiritual caregiver in assessing and providing for the spiritual needs of clients.[7]

By reviewing available scholarship on mental health issues related to clinical practice as well as religious and spiritual experiences (Allman et al., 1992; Case, 1997; Northcut, 2000; Pargament, 2007; Hoyt, 2008; Johnson & Friedman, 2008; Allmon, 2013), this paper seeks to discuss and understand the challenges that are associated with individual spiritual development and mental health in the case of Mr. K. Mr. K was a military veteran living with traumas from his childhood and military career. He was seeking spiritual and religious guidance in Buddhism in order to establish a safe harbor for spiritual development to alleviate his suffering.

Through analyzing and examining Mr. K's case, this paper also seeks to discuss and understand the following: (1) the conflicts that a spiritual caregiver may experience working with Mr. K, given that he pursues his spiritual and religious life while living with mental health issues caused by his childhood trauma and military career; (2) how a spiritual caregiver in this case may theoretically affect the desired outcome of working with Mr. K. Discussions on spiritual care applications and a triangular healing model in two stages to work with Mr. K's case are proposed. All biographical details associated with Mr. K have been altered to protect Mr. K's identity. A fuller discussion on Mr. K's case follows.

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[1] Allman, L.S., De La Roche, O., Elkins, D.N., & Weathers, R.S. Psychotherapists' Attitudes towards Clients Reporting Mystical Experiences. *Psychotherapy*, *29*.4(1992): 564-569. doi: 10.1037/0033-3204.29.4.564

[2] Johnson, C. V., & Friedman, H. L. Enlightened or Delusional? Differentiating Religious, Spiritual, and Transpersonal Experience from Psychopathology. *Journal of Humanistic Psychology*, *48.4*(2008): 505-527. doi: 10.1177/0022167808314174

[3] Ibid

[4] Case, P. W. Potential Sources of Countertransference among Religious Therapists.*Counseling & Values*, *41.2* (1997): 97-106. doi:10.1002/j.2161-007X

[5] Northcut, Terry B. "Constructing a place for religion and spirituality in psychodynamic practice." *Clinical Social Work Journal* 28.2 (2000): 155-169.

[6] Ibid

[7] Ibid

Case Study

Mr. K was a 32-year-old Caucasian American male and was an only child in his family. His parents divorced when he was a child due to his father's alcoholism and physical and mental abusiveness. Mr. K was raised by his grandparents. He served in the US Navy for eight years and was deployed to Afghanistan twice. He left the Navy in order to attend theology school in Los Angeles for his Masters of Divinity in Buddhist Chaplaincy.

Mr. K graduated from his M.Div program in three years and thereafter sought to become a Buddhist chaplain in the US military to serve men and women in uniform. He contacted the International Center of Chinese Buddhist Culture and Education (ICCBCE) right after his graduation and expressed his desire to be ordained with ICCBCE as a lay Buddhist minister. After ICCBCE received his applications for ordination, I was assigned by the ICCBCE Ordination Committee to interview Mr. K as to assess his readiness for becoming a lay Buddhist minister with the organization.

I sent out an email to confirm the interview date with Mr. K. In the email, I mentioned that ICCBCE would host an annual retreat for its lay ministers next week and that he was invited to attend the retreat prior to his ordination ceremony. The following week, Mr. K participated in the retreat and I had an opportunity to assess his readiness for ordination in person. Unfortunately, my experiences as a religious and spiritual leader for sixteen years told me that Mr. K was not ready to become a lay Buddhist minister with ICCBCE. During the retreat, I observed that Mr. K was isolative. He often separated himself from others, and would intentionally avoid participating in group activities or conversations.

The date that Mr. K came to interview, I reflected on what I had observed of his behaviors in communicating with others during the annual retreat. I told him that I believed he was not yet ready for his ordination with ICCBCE. At the time, Mr. K was angry and defensive, and he stated that his behaviors were natural and were learned from his experiences serving in the US Navy and years of Buddhist practice. As a trained spiritual caregiver and a former US Army officer, I urged him to integrate certain aspects of Buddhist teaching and discipline into his practice in order to better prepare to be ordained with ICCBCE as a lay Buddhist minister.

Followed by a short moment of silence, Mr. K broke down and could not control his anger at me and Reverends W and S who were companions at the interview. My rejection had clearly caused Mr. K great distress and he could not accept rejection as he believed that he was well-prepared for ordination. I tried to calm him down but failed. He left in an agitated state, reporting feelings of frustration and depression. As he approached his car, I asked Reverend W to drive him home and provide him pastoral counseling and spiritual care as needed. Accordingly, Reverend W drove Mr. K home and spent about forty minutes counseling him until Mr. K grew calm.

The very next day, Mr. K sent me an email apologizing for his reaction to my decision and expressed that he would like to work with ICCBCE to ready himself for future ordination. I replied by asking him to work with Reverend W to reduce his anger and stabilize his mood before proceeding with ordination. I contacted Reverend W and requested him to work with Mr. K. I

chose Reverend W because he is a senior lay Buddhist minister at ICCBCE. He graduated from the U.S. Military Academy at West Point and was a well-trained military officer.

At the time of my request, he was a veteran and qualified Buddhist chaplain with years of experience working with other veterans at a VA hospital who were living with PTSD and other mental health issues. Reverend W's background in Buddhism, mental health counseling, pastoral counseling, spiritual care, and military leadership made him suitable to work with Mr. K. After receiving my message, Reverend W arranged to meet with Mr. K that weekend. With Reverend W's permission, I am including the email he sent me after he met with Mr. K below. In his email Reverend W discussed Mr. K's risk factors and possible protective factors. In the following email, I have intentionally removed sentences and paragraphs from their original contexts to protect the identities of Mr. K and Reverend W.

Dear Venerable Guan Zhen,

I met with Mr. K today. Upon arrival, Mr. K checked in stating he felt agitated all morning without understanding why. I offered encouragement that Mr. K was demonstrating congruence between his external communication and internal state.

I reflected back in word and by modeling how I have observed how Mr. K walks, sits, talks, bows, and behaves. Mr. K stated his behaviors were learned in the Navy, in Buddhism, and/or developed as his own way. I used my authority as a U.S. Military Academy graduate, chaplain, and Buddhist scholar-practitioner to reject his assertion that his behaviors were normative in these settings. After initial resistance, he acknowledged that his behaviors were not normative in these groups but were rather defensive behaviors he assumed to protect himself in response to a history of trauma, stress, and suffering.

Given my selective and intentional use of pastoral authority, I was able to reject Mr. K's defensiveness, sense of entitlement, and paradigm of injustice (him alone against the world). He became humbler and more vulnerable and was able to discuss his pain. Mr. K stated that he had PTSD from his two tours of deployment to Afghanistan. He also stated that, throughout his life, he feared rejection. I observed that his defensive behaviors further prevented closeness and created rejection. At times, Mr. K was frustrated and focused on the past, the progress he had made to date, and he was defensive of his ego. He failed three relationships because of his instability.

He compared himself to others, and expressed feeling unjustly criticized by others. At other times, Mr. K acknowledged that he had isolated himself from others, and acknowledged his instability. He was not prioritizing his needs and was trying to optimize everything against an ideal as if they were all tasks rather than a life, or boxes to check rather than a transformative process. Mr. K was trying to be perfect in everything and was not changing the causes and conditions of his intense stress and suffering. He was not fully in touch with it but was denying it. Knowing this, I encouraged Mr. K to check in and share out as much as he could in order to monitor and prevent crisis.

Mr. K was seeking to become a religious and spiritual leader in the US Military to serve men and women in uniform, but he proclaimed himself an atheist. The time we met, he did not believe in any form of superior existence. He came to Buddhism as he perceived that Buddhism is a way of life, not a religion. He found that Buddhist meditation comforted him, reduced his suffering, promoted his well-being, and developed his individual spirituality. Because of inner objection

toward religion, Mr. K did not agree to take refuge in the Buddha, Dharma, and Sangha, even though taking refuge in the Triple Gem is one of the requirements for becoming a lay Buddhist minister with ICCBCE.

I reinforced that ICCBCE materials were clear that he was expected to take refuge in the Triple Gem and maintain practice within a tradition, a sangha (a monastic community). At the time, Mr. K could not define any group as a sangha. I told him that it must be an established Buddhist sangha, and that ultimately, it would be up to the ICCBCE's assessment based upon his view, intention, speech, action, and so forth that would determine whether or not he met qualifications. Mr. K understood that the focus was on cultivation and his well-being. If he did that, everything else would flow from that. However, if he focused on identifying tasks in order to complete so-called prerequisites for ordination, he would be misunderstanding and would fail to achieve and sustain well-being and remain stuck in stress and suffering.

Throughout our conversations, I observed that Mr. K had significant prejudices against other Buddhist traditions such as Chinese Chan Buddhism. I suggested that if a Chinese Chan sangha is nearby, he should practice with them to learn how to act within a sangha, to learn how to be a Buddhist, and to overcome his prejudices to see the deeper unity of Buddhism that would be required as a lay Buddhist minister. He agreed. And, we went on to work together to set up his next steps for his pursue to be ordained with ICCBCE – steps such as Mr. K would identify a sangha close to his home and begin practice with the sangha at least two times per month.

We agreed that steps were not limited to sitting meditation, but necessarily included all aspects of life and practice in the sangha in order that Mr. K may progress as a learner, follower, practitioner as the basis for becoming a spiritual leader to serve others in society. Such participation could transform Mr. K through the process of basic practices. Such practice would also allow Mr. K to learn how to interact with monastics and laity, and to understand the differences between respectful and non-respectful behaviors.

I was clear that these recommendations were useful to him based upon his suffering and stress. I emphasized that he should have no expectations and that there were no guarantees of any consideration going forward. I noticed that Mr. K was interpreting my guidance as a checklist. I emphasized that this was wrong view and wrong intention. Any consideration would be based upon assessment of outer and inner transformation to standard not the passage of time. Mr. K said that he understood and asked if he could regularly check in with me. I said he could and should regularly check in with himself as well. I reinforced that there was no need to be embarrassed or isolate himself. Everyone around who knew him wished him well-being and happiness.

At the end, Mr. K stated to me that he understood his work. He would identify a sangha, possibly trying several first, and become a member of it as a community member and learner. And, he would provide his religious and spiritual teacher's name to me so that I could contact the teacher whenever it is necessary to check on his state. Then, we ended our interview and I thought I did well in accessing Mr. K and helping him set up his possibility to be ordained with ICCBCE in the future. I thought that my meeting with Mr. K was constructive and productive. Mr. K communicated that he would follow the steps we discussed and work with me going forward to prepare himself for next year's ordination with ICCBCE.

With bows,
Reverend W
ICCBCE Lay Buddhist Minister/Chaplain

From Reverend W's assessment, Mr. K had lived a disorganized life with mental health issues and did not seem to have much motivation to take action to address these issues. Such issues caused him to suffer in life and prevented him from fully developing his individual spirituality through Buddhist meditation practice which, as he observed, would serve as a significant protective factor to alleviate his suffering. Meditation practice seems to be the main protective factor that Mr. K had at the time. The risk factors that Mr. K presented in Reverend W's assessment are as below: (1) defensiveness; (2) sense of entitlement; (3) paradigm of injustice; (4) fear of criticism and rejection; (5) low self-esteem; (6) self-isolation; (7) and mental instability.

In order to assist Mr. K in reducing risk factors and increasing protective factors, Reverend W suggested him to identify a local Buddhist sangha community and regularly receive guidance from a spiritual teacher within that community. At the end, Reverend W set up a concrete plan and expressed his optimism and hope to work with Mr. K after Mr. K agreed to practice with a local sangha as to increase his readiness for ordination.

However, a week later, Mr. K regretted what he had agreed and expressed his dissatisfaction with Reverend W to Reverend V who had introduced him to ICCBCE for ordination at the outset. Mr. K texted Reverend V and wanted him to contact me to see if Reverend V could work with me on his case. I decided against Reverend V's suggestion and told him that it was ICCBCE's policy to not disclose applicant information to third parties.

Reverend W and I were surprised, but not disappointed at Mr. K's change of heart. Reverend W expressed to me in a later email that Mr. K's primary defense mechanism, isolation, was strong. His attachments and aversions were strong as well. These maladaptive behaviors inhibited his growth and well-being and were relatively inflexible.

I believe that Reverend W did well in assessing Mr. K's mental status, but the healing plan that he suggested Mr. K to develop his potential protective factors as to address his risk factors failed. The healing plan that Reverend W suggested was primarily focused on how to prepare Mr. K for ordination, which did not directly address the mental health issues Mr. K was facing.

Potential Mental Health Challenges Presented in Mr. K's Case

In my sixteen years working as a religious leader and spiritual caregiver in community, I have encountered various sufferings in human life — sufferings such as PTSD among uniformed service members, anxiety, depression, personality disorders, and grief associated with losing a loved one. Mr. K's case represents one such case.

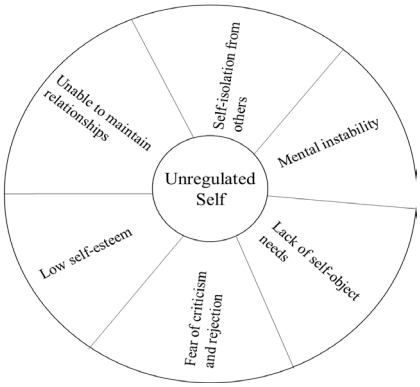
Based on my interview and Reverend W's assessment, Mr. K lacked full capacity to develop and maintain relationships with others. He was self-isolated and feared criticism and rejection. Mr. K sought to address his mental health issues through spiritual development. Mr. K exhibited mental instability and lack of awareness in himself. His mental instability and self-isolation prevented him from developing his career as a religious leader and spiritual caregiver, even though he was seeking to become a Buddhist chaplain for members of the military, and understood that a chaplain is an individual who represents a religious tradition providing pastoral counseling and spiritual care to those individual/s in need.

Northcut[8], Pargament[9], and Allmon[10] observed that for some particular clients who are struggling with religious values or disciplines, it is important to divorce religion from spirituality as religion has greater potential to be harmful to clients. This includes those clients who may not conceptualize a supreme being as part of their spirituality.[11] In Mr. K's case, there was no space for religion in his heart and no sign of him showing that he was developing spirituality with a local Buddhist sangha community. Although I do not reflexively label Mr. K as "spiritual" as cautioned against by Hoyt[12] who described the problematic aspects of uncritical acceptance of spirituality as a legitimate paradigm in a client's life.

To a large extent, Mr. K's case suggests a combination of mental instability alongside compelling challenges in individual spiritual development. As such, to work with Mr. K's case the appropriate application of spiritual care with a potential Buddhist sangha community could be significant in terms of helping him develop meditation practice, regulating his isolated behaviors through Buddhist values and disciplines, getting him ready for ordination with ICCBCE, and finally preparing him to become a military chaplain. Nevertheless, this kind of application may also bring potential risk to Mr. K, considering his mental health issues were left unaddressed.

Based on my interview and Reverend W's assessment, Mr. K presented a vivid lack of relationship between his self and self-object needs during early childhood development due to the trauma of an alcoholic, abusive father and the absence of his parents when he was young. Mr. K's self-object needs were not met during his childhood which led to the failure of internal mechanisms of healthy self-development. In which case, Mr. K's self was not regulated. His self was not functioning normally as it should and was easily fragmented, enfeebled, and thrown into a state of disharmony. From what we have discussed so far, the main mental health challenges related to Mr. K's case can be described in Figure 1 as below:

Figure 1



[8] Ibid
[9] Pargament, Kenneth I., and Stephen M. Saunders. "Introduction to the special issue on spirituality and psychotherapy." (2007): 903-907.
[10] Ibid
[11] Ibid
[12] Hoyt, C. A. What If the Spirit Does not Move Me? A Personal Reconnaissance and Reconciliation. *National Association of Social Work*, *53.3*(2008): 223-231. doi: 10.1093/sw/53.3.223

In Self Psychology, according to Kohut[13,14] the development of a regulated self is significant for constructing, reforming, and maintaining a healthy self that develops positive feelings, thoughts, and attitudes toward oneself and the world. It is also fundamental for an individual to develop a normal and cohesive self in accordance with three axes: the grandiosity, idealization, and connectedness. In practice, these three axes would allow an individual to (1) maintain a positive and stable sense of self-esteem; (2) develop full capacity in forming a stable system of goal-setting ideals; (3) establish connectedness, becoming part of larger groups and organizations[15].

In Mr. K's case, one may observe that he was not able to function or maintain a regulated self, resulting in vacillation between irrational overestimation and feelings of inferiority. As Reverend W assessed, instead of developing full capacity to achieve a regulated self, increase self-esteem/worth, maintain a stable system of goal-setting ideals, and become able to communicate, Mr. K was relying on others to regulate his self, self-esteem/worth, ambitions, ideals, and life values. He was defensive and sensitive to criticism, feared rejection, and was looking toward others for validation. Mr. K intentionally disconnected himself from others. His self-concept was disturbed, and he obsessed with pleasure, good, and perfection. Nehrig et al[16] pointed out that conflict surrounding a regulated self and self-object needs can "impede the ability to effectively use others to self-regulate, resulting in poorer interpersonal functioning and greater symptomatology than individuals who experience less conflict around using others to meet these needs."

Spiritual Care Applications and the Triangular Healing Model

Since Mr. K decided to drop his plan to be ordained as a lay Buddhist minister, the following is a theoretical discussion of integrated spiritual care and mental health approaches that may have positively impacted Mr. K had he chosen to continue. Based on what we have discussed, empathy and encouragement can be two skillful, practical tools to work with Mr. K. Empathy would allow a spiritual caregiver to work with Mr. K without bias and prejudgment and allow the caregiver to objectively feel the feelings and emotions that Mr. K experienced. Empathy would also allow Mr. K to address developmental issues by processing the positive feelings and emotions occurring between him and the caregiver "through transmuting internalization as therapy progresses".[17]

Encouragement in this case may serve as an inspiration for Mr. K to reach out to others so that he may gradually improve his social communication and reduce his isolation. However, one

[13] Kohut, H. *The restoration of the self*. New York: International Universities Press.1977.
[14] Kohut, H. *How does analysis cure?* Chicago: University of Chicago Press.1984.
[15] Banai, E., Mikulincer, M., & Shaver, P.R. "Selfobject" Needs in Kohut's Self Psychology: Links with Attachment, Self-Cohesion, Affect Regulation, and Adjustment. *Psychoanalytic Psychology*, *22.2*(2005): 224-260. doi: 10.1037/0736-9735.22.2.224
[16] Nehrig, N., Ho, S. S. M., & Wong, P. S. Understanding the Self-object Needs Inventory: Its relationship to narcissism, attachment, and childhood maltreatment. *Psychoanalytic Psychology, 36.1*(2019): 53–63. doi: 10.1037/pap0000182
[17] Mclean, J. Psychotherapy with a Narcissistic Patient Using Kohut's Self Psychology Model. *Psychiatry, 4.10*(2007): 40-7.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2860525/

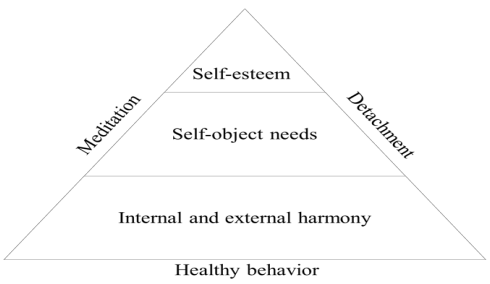
may also notice that Mr. K's rage and defensiveness may present as limitations for a spiritual caregiver to exercise the skillful means of empathy and encouragement. These may even foster negative countertransference, hindering Mr. K's ability to develop a sense of safety and trust. If this happens, Mr. K might not continue to work with a spiritual caregiver on his challenges.

In Mr. K's case, there is an obvious conflict between interviewers and Mr. K. The conflict mainly derived from the pastoral authority and privilege that Reverend W and I held over Mr. K in the interview. The authority and privilege allowed the interviewers to assess Mr. K's readiness for ordination and continued spiritual development. However, they also limited the interviewers' ability to further evaluate Mr. K's trauma history. For instance, Mr. K mentioned that he had been diagnosed with PTSD stemming from his deployments to Afghanistan which Reverend W did not explore further with Mr. K beyond this disclosure. The authority and privilege that Reverend W and I had were strengths in some respects, but they also became a source of weakness in terms of working with Mr. K on his mental health issues.

In Mr. K's case, one may observe that the lack of a regulated self, self-object needs, and internal and external harmony comprised obstacles to Mr. K which caused him to become isolated and prevented his full capacity in Buddhist meditation practice that, as he observed, would comfort him, reduce his suffering, promote his well-being, and mature his spirituality. These obstacles also led Mr. K to develop his feelings of "injustice" and sense of entitlement when facing criticism and rejection from others. He then felt a need to isolate himself from others. This most likely was the result of his low self-esteem which could have been an unfortunate product of his childhood trauma.

As such, I propose a triangular healing model in two stages to work with Mr. K. The first stage aims to steadily build up foundations for Mr. K to overcome his mental health challenges, becoming better able to develop a regulated self, increase his self-esteem, meet his self-object needs, and therefore develop his spirituality. As Figure 2 demonstrates:

Figure 2



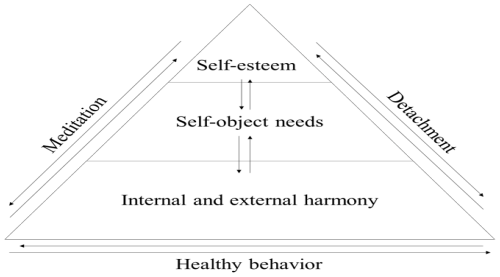
At this stage, healthy behavior functions as a foundation for meditation (calm for the development of spirituality) and detachment (insight for letting go of feared rejection and stabilizing mental instability). In Figure 2, healthy behavior, meditation and detachment together function as three external protective factors for reforming and maintaining Mr. K's internal and external harmony for achieving a regulated self, developing self-object needs, and increasing self-esteem.

It is important in the first stage of the triangular healing model to build a tangible foundation from bottom up. First is to take efforts to solidify healthy behavior for the further development of meditation. Then, the development of meditation may become an essential element

for arising insight to detach from an unregulated self. As such, Mr. K may ground himself in internal and external harmony, and eventually achieve a regulated self, develop self-object needs, and increase his self-esteem to allow him to overcome obstacles such as feared rejection, self-isolation, and inability to maintain relationship, etc.

When the first step is solidly grounded, Mr. K may build up his skillful means for his development of mental stability, security, and self-cohesion, and ultimately spirituality that would allow him to alleviate suffering. The three elements inside the triangle become inner strengths. They enhance each other in balance in a positive cycle. They further empower the three external protective factors—i.e., healthy behavior, meditation, and detachment, forming a strong connection to each other to protect the development of a regulated self in internal and external harmony, fulfill self-object needs, and increate self-esteem. As Figure 3 illustrates:

Figure 3



In practice, Figure 3 provides a practical and balanced manner for Mr. K to reconstruct a healthy self-concept and foster mental stability for his spiritual development to unfold in accordance with Buddhist meditation, and to allow him to become part of a local sangha community.

The model takes its roots in the Buddhist teachings of "threefold training" (*triśikṣā*) — moral discipline (*sīla*), concentrated meditation (*samādhi*), and wisdom (*paññā*). The training comprises foundations for body, mind, speech, and spirituality to develop in a healthy manner to end suffering and achieve liberation in life.[18,19]

Prior to Mr. K's ordination, a spiritual caregiver would need to assist Mr. K in developing mental stability in behaviors (bodily action), prioritizing his goal-setting (mind), verbal communication (speech), and spirituality. The spiritual caregiver would need to observe and assess Mr. K's readiness by monitoring his self-confidence in his body, speech, mind and spiritual development. For example, Mr. K's speech should reflect increased honesty, humbleness and openness to others' constructive criticisms over time. His bodily actions should reflect increased consideration for others and social integration. His mind should reflect decreased agitation and increased acceptance of different values and views. A process observation and assessment of Mr. K's readiness is illustrated in Figure 4 as below:

[18] Gunaratana, H. *The Path of Serenity and Insight: An Explanation of the Buddhist Jhānas*. Motilal Banarsidass.1985.
[19] Anālayo. *Satipaṭṭhāna: The Direct Path to Realization*. Cambridge: Windhorse Publications. 2003.

Figure 4

Figure 4 demonstrates a desired outcome of the triangular healing model in two stages (Figure 2 and 3), in which Mr. K's readiness can be assessed and monitored. It presents the individual elements and unity of a regulated self, increased self-esteem, and connectedness to others, that may foster (1) Mr. K's external and internal protective factors; (2) increase his mental stability; (3) allow him to overcome self-isolation and fear of rejection; (4) and, finally increase integration to develop full capacity in spiritual development.

Conclusion

Based on my own interview and Reverend W's assessment, Mr. K's case presents a complex combination of mental health, religious and individual spiritual development issues. Mr. K sought to alleviate his suffering through Buddhist meditation practice, receiving his ordination with ICCBCE as a lay Buddhist minister, and becoming a military chaplain. Nevertheless, he was not able to accomplish his ambitions due to his unregulated self and unaddressed personal issues.

Mr. K's self was deeply disturbed, easily fragmented, and enfeebled due to trauma history. The lack of a regulated self led to low self-esteem, fear of rejection, self-isolation from others, inability to maintain relationships, etc. In practice, Mr. K sought others' validation to establish a regulated self. This not only brought him further feelings of alienation, but also caused further suffering in his life. In the process of evaluating Mr. K for ordination and eventually becoming a qualified military chaplain, these issues became evident and manifested as inability to take rejection, self-isolating tendencies, agitation, and so forth. As a result of this experience, a triangular healing model in two stages has been proposed to address issues pertaining spiritual caregiving, mental health, and readiness for chaplaincy.

The triangular model utilizes skillful means to solidify an ordination candidate's mental stability, develop a regulated self, and increase self-esteem and confidence through internal and external balance. The model proposes an initial stage of cultivating healthy behavior, meditation and detachment (wisdom) as three external protective factors and foundations for internal strength development, in which increased self-esteem and confidence can lead to interpersonal functioning, emotional adjustment, self-cohesion, and affect regulation.

The model proposes a practical assessment process for monitoring a candidate's readiness for chaplaincy through observing the candidate's mind, body, speech, and spiritual development. Such a model may function as an initial step toward better addressing mental health issues in

pastoral care settings. A strength of this model is its integration of Self Psychology and Buddhist teaching to address training and supervision for chaplaincy in general and Buddhist chaplaincy in particular. However, the model has the limitation of being purely theoretical and will have to be validated in practice in the future. Furthermore, cultural and individual differences need to be addressed as the model is put to use.

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