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The Kalyāṇamitra Formation Model for Healthcare Chaplaincy: Cultivating Liminal Competence through the Pedagogy of Spiritual Friendship

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Abstract

Recognition-oriented chaplaincy reframes grief in contexts of ongoing loss not as a problem to be resolved but as a threshold to be inhabited, and it identifies liminal competence—the capacity for sustainable threshold-dwelling—as the clinical capability this work requires. Yet naming a capacity does not explain how practitioners acquire it. Standard Clinical Pastoral Education (CPE) remains structured around an expert-intervention logic poorly matched to the formation of presence without mastery. This paper proposes the Kalyāṇamitra Formation Model, a longitudinal pedagogy for healthcare chaplaincy adapted from Sanford's recovery of kalyāṇamitra ("spiritual friend") as a model for Buddhist spiritual care. The model integrates two structures from Sanford's account: a four-stage developmental arc moving from Self to Student to Chaplain to Spiritual Friend, mappable onto the four units of a CPE residency, and the three prajñās—listening (śrutamayī), contemplating (cintāmayī), and practicing (bhāvanāmayī)—as a recursive learning cycle rather than a linear progression toward expertise. The paper argues that each developmental stage and each prajñā cultivates one or more of the four constituent capacities of liminal competence, and that the kalyāṇamitra posture—accompaniment from within shared vulnerability rather than intervention from without—supplies the formational ground that the G.R.A.C.E. protocol (Gathering attention, Recalling intention, Attuning to self and other, Considering what will serve, Engaging and ending) presupposes but cannot itself install. Attention is given to the ethics of adapting a Buddhist construct for interfaith and secular formation, including concrete safeguards on authority and consent and the teacher–student power asymmetry that the kalyāṇamitra ideal was historically marshalled to correct. The model is offered as a theoretically grounded formation framework

requiring empirical validation, not as a settled curriculum.

Subject Areas

Pedagogy

Keywords

Chaplaincy, Spiritual Care, Spiritual Formation, Kalyāṇamitra, Liminal Competence, Clinical Pastoral Education, Recognition Paradigm, Palliative Care

1. Introduction

Healthcare chaplaincy has begun to articulate a clinical stance for the losses that do not end. Where the dominant resolution paradigm treats grief as a problem to be processed toward closure, a recognition paradigm holds that some losses—dementia, chronic and degenerative illness, infertility, the slow disappearances of a person who is still alive—are structurally unresolvable, and that the practitioner's task is to accompany rather than to fix. Such losses are described in the literature on ambiguous and nonfinite loss, where absence and presence coexist without the permission a clear ending would confer [1]. The recognition paradigm draws this body of work together with the anthropology of liminality—Turner's [2] account of the threshold as a state that can become a sustained rather than a transitional condition—and with the oscillation logic of the dual process model of coping with bereavement [3].

These strands converge on a single clinical capability, here termed *liminal competence*: the capacity for sustainable *threshold-dwelling*—that is, for occupying the liminal state of unresolved loss as a stable condition to be inhabited rather than a transitional phase to be exited [4]. Liminal competence comprises four capacities: *ambiguity tolerance*, the ability to remain present without demanding resolution; *oscillation flexibility*, the ability to move intentionally between loss-oriented and restoration-oriented coping [3]; *communitas access*, the ability to seek and sustain solidarity with fellow threshold-dwellers [2]; and *liminal meaning-making*, the ability to generate provisional, non-totalizing meaning adequate to a loss that will not close. The construct is developed at length elsewhere [4]; its essential elements are restated here so that the present argument is self-contained for readers meeting the framework for the first time.

A capability, however, is not a curriculum. To name liminal competence as the requirement of recognition-oriented chaplaincy is to describe a destination, not a route. The question this paper takes up is developmental: how is liminal competence formed, and can it be made *clinically tractable*—that is, teachable, supervisable, and eventually measurable within professional training—rather than left to individual temperament? The gap is consequential because the profession's

principal formative infrastructure, Clinical Pastoral Education (CPE), is in several national contexts the predominant specialized training for chaplains [5] and has inherited a pedagogy oriented toward assessment, diagnosis, and the resolution of presenting problems. That orientation is not wrong; it is incomplete for a stance whose defining demand is the ability to remain present without resolving [6]. Formation for threshold-dwelling cannot be assembled from techniques for crossing thresholds.

This paper proposes a formation model adequate to that demand. It builds on Sanford's [7] recovery of *kalyāṇamitra*—the "spiritual friend" of early Buddhist tradition—as a model for Buddhist spiritual care, and adapts its two organizing structures for interfaith healthcare chaplaincy: a four-stage developmental arc (Self, Student, Chaplain, Spiritual Friend) and the three *prajñās*, or modes of acquiring wisdom (listening, contemplating, practicing). The model is positioned as the developmental complement to G.R.A.C.E.—Halifax's [8] compassion-based clinical protocol comprising five moments: Gathering attention, Recalling intention, Attuning to self and other, Considering what will serve, and Engaging and ending. Where G.R.A.C.E. structures a single encounter, the formation model addresses the longer work of forming a practitioner able to enact it [9]. The argument proceeds in four moves: Section 2 establishes the formation gap and the capability it must close; Section 3 sets out the kalyāṇamitra construct, Sanford's adaptation, and the ethics of extending a Buddhist ideal beyond its tradition; Section 4 develops the model, maps its stages onto the four capacities of liminal competence, and situates it against adjacent frameworks; Section 5 weighs strengths, limitations, and directions for empirical work.

2. The Formation Gap in Recognition-Oriented Chaplaincy

2.1. From Capability to Formation

The recognition paradigm makes an unusual demand of the practitioner. It asks the chaplain not to relieve the structural lack that ongoing loss exposes but to hold it—to stand alongside the careseeker as a fellow threshold-dweller rather than above them as the holder of a solution. Each of the four capacities named above is a disposition before it is a skill, and none can be acquired by instruction alone, because each requires the practitioner to have done some version of the work personally. A chaplain who cannot tolerate ambiguity in their own life will experience the careseeker's unresolvable loss as an anxiety to be managed, and will reach—often without noticing—for the premature resolution that relieves the chaplain rather than the careseeker [10] [11]. Theory informs; formation transforms. The distance between assenting to the recognition paradigm and embodying it at the bedside is precisely the distance a formation model must traverse.

2.2. The Limits of the Expert-Intervention Model

CPE is the accredited gateway to professional chaplaincy and the principal site of its formation [5]. Its action-reflection method—clinical encounter followed by su-

pervised reflection, classically through the verbatim—has proven durable and is not at issue here. What is at issue is the implicit telos of much CPE practice and of the competency frameworks that govern certification. By *expert-intervention logic*, this paper means the sequence that organizes most spiritual-care training and assessment: the chaplain identifies a spiritual need, selects and applies an appropriate intervention, and evaluates whether the need was met. That structure is visible in the field's competency standards, which foreground proficiency in spiritual assessment, intervention, and documentation [12], and in studies of what hiring managers seek, where assessment skill and demonstrable contribution to the plan of care recur as core expectations [13]. The logic is well-suited to bounded problems, and chaplains do encounter bounded problems. It is poorly suited to the formation of a stance whose competence consists in *not* intervening toward closure.

Participatory accounts of meaning-making sharpen the point. If meaning emerges through embodied coordination between persons rather than through expert reconstruction delivered to a recipient, then the chaplain's primary clinical contribution is not knowledge applied to a problem but presence offered within a shared field [14]. Consensus statements in spiritual care converge on the same conclusion from the clinical side: spiritual care is fundamentally relationship-based, and healing in the midst of suffering arises in the relational field rather than from a technique deployed upon it [15]. Compassion itself, on Halifax's [8] enactive account, is not a stable trait that expertise transmits but an emergent process that must be primed through sustained cultivation across attentional, affective, intentional, and embodied domains. A formation model for recognition-oriented chaplaincy must therefore cultivate a relational posture, not accumulate interventional expertise. This is the work the kalyāṇamitra tradition has long named.

3. Kalyāṇamitra: Origins and Adaptation

3.1. The Spiritual Friend in Buddhist Tradition

Kalyāṇamitra (Pāli: *kalyāṇamitta*) is a compound term conventionally rendered "good friend" or "spiritual friend." Sanford [7] traces *mitra* to friendship or companionship and *kalyāṇa* to a broad field of the good—beautiful, virtuous, beneficial, auspicious—so that the compound denotes a friend who is good in the sense of being good *for* one's development. The Princeton Dictionary of Buddhism glosses the kalyāṇamitra as a spiritual companion or mentor who encourages one in salutary directions and helps one remain focused on what matters, and identifies association with such a friend as one of the foundations of religious progress [16], as cited in Sanford [7].

The tradition is not univocal about the friend's role. Classical sources describe the kalyāṇamitra variously as instructor, fellow practitioner, and lay supporter, and the strong identification of the term with the teacher is especially pronounced in later lineages [7]. It is this teacher-weighted reading that Batchelor recovers as a corrective: on his account, the historical Buddha set aside the inherited *guru*

model in favor of the good friend, whose role was to help one enter the path and thereby become independent rather than perpetually dependent (as cited in Sanford [7]). The kalyāṇamitra ideal thus carries within its own history a critique of asymmetrical spiritual authority—a feature that proves load-bearing when the model is moved into a clinical setting where most careseekers have not consented to a teacher-student relationship.

3.2. Sanford's Adaptation for Spiritual Care

Sanford [7] develops kalyāṇamitra from a textual ideal into a working model for the formation of Buddhist chaplains, grounded in qualitative research with practicing chaplains and in the practical theological method of description, interpretation, normative reflection, and pragmatic response [17]. Two structures from her account are portable beyond their Buddhist setting. The first is a developmental arc that moves the practitioner from *Self* to *Student* to *Chaplain* and finally to *Spiritual Friend*, with the friend representing not a rank attained but a posture from which the prior competencies are deployed. The second is the framework of the three *prajñās*, the classical modes of acquiring wisdom: *śrutamayī prajñā* (wisdom from listening or hearing), *cintāmayī prajñā* (wisdom from contemplating or reflecting), and *bhāvanāmayī prajñā* (wisdom from practicing or cultivating). Sanford treats these not as sequential stages to be completed but as iterative modes that deepen recursively across a chaplain's formation [7].

The clinical posture this produces is stated by Sanford with unusual directness. Formation, she insists, is not the attainment of a spiritual mastery from which one may calmly instruct others; it is the hard interior work that lets the chaplain be present with people in the hardest experiences of their lives [7]. The chaplain's expertise, on this account, lies not in dispensing answers but in the language of the questions—and the resulting capacity is the ability to remain with another's trauma and distress in a way that accompanies and consoles without adding to it [7]. This is a precise description of the stance the recognition paradigm requires, arrived at independently from within a contemplative tradition.

3.3. The Adaptation Problem and Safeguards for Interfaith Practice

Extending a Buddhist construct to interfaith and secular formation incurs obligations that must be met rather than waved away. First is the risk of decontextualized appropriation: kalyāṇamitra is embedded in a soteriology—the Noble Eightfold Path and the cultivation of liberation—that a healthcare chaplain serving a religiously plural population cannot and should not import wholesale. The responsible move is to adopt the relational form while leaving its doctrinal content to the careseeker's own tradition, an approach Sanford herself models in distinguishing the pragmatic from the normative dimensions of the work [7]. Second is the teacher-student asymmetry already noted: Sanford cautions that if kalyāṇamitra is understood only as the teacher of a teacher-student dyad, it becomes an unsuit-

able—even hazardous—paradigm for chaplains, whose careseekers have not entered any such relationship and to whom a power over posture opens the door to the abuse of spiritual authority [7]. The adaptation advanced here deliberately selects the *fellow-traveler* reading the tradition itself supplies through Batchelor's corrective, aligning kalyāṇamitra with the chaplain-as-participant rather than chaplain-as-expert.

These obligations translate into concrete safeguards for implementation. *A limit on authority*: the chaplain working from this model does not function as a teacher of doctrine or a director of the careseeker's spiritual life, but follows the careseeker's own tradition and language—consistent with the professional requirement to use one's spiritual authority appropriately and to respect others' physical, emotional, cultural, and spiritual boundaries [12]. *Consent-based framing*: contemplative or relational practices are named, offered, and declinable rather than assumed, so that the careseeker is never enrolled without awareness in a formation they did not choose. *Supervisory oversight*: because the principal hazard of any teacher-derived model is drift toward a power-over posture, CPE supervision under this model should explicitly monitor for that drift, making the chaplain's use of authority a standing object of reflection rather than an unexamined background. With these safeguards in place, the kalyāṇamitra posture functions as accompaniment rather than direction, and the adaptation remains accountable both to the careseeker and to the tradition from which it borrows.

4. The Kalyāṇamitra Formation Model

The Kalyāṇamitra Formation Model is a longitudinal pedagogy for cultivating liminal competence in healthcare chaplains. It is built from the two portable structures identified above—the four-stage developmental arc and the three-*prajñā* learning cycle—and is organized around a single claim: that the relational posture of the spiritual friend is not taught but formed, through recursive cycles of listening, contemplation, and practice that move the practitioner from preoccupation with the self toward the capacity to accompany another at the threshold. The model is structural rather than prescriptive; it specifies what must develop and through what process, not a fixed syllabus.

4.1. The Four-Stage Developmental Arc

Sanford's [7] arc maps naturally onto the four units of a standard CPE residency, allowing each unit to foreground one developmental stage while the others continue to deepen. The mapping is heuristic, not mechanical; the stages interpenetrate.

Self. Formation begins with the practitioner's own interior life rather than with clinical technique. Before a chaplain can hold another's unresolvable loss, they must encounter their own dividedness and their own discomfort with what cannot be fixed. This is the stage at which *ambiguity tolerance* is first cultivated—not as a clinical skill but as a personal capacity won through contemplative practice and

honest self-examination. The chaplain who has not done this work will project their unease onto the encounter, pressing the careseeker toward a closure that serves the chaplain [10].

Student. The practitioner next becomes a learner of the tradition, the literature, and the clinical setting—acquiring the theological formation, assessment frameworks, and ritual competence that recognition-oriented chaplaincy retains rather than discards. The competency of unknowing is *added* to professional formation, not substituted for it [4]. The Student stage is where the chaplain learns the language of the questions well enough to inhabit it without grasping for answers.

Chaplain. The practitioner now functions in the clinical role, integrating interior capacity and acquired competence in a supervised encounter. This is the stage at which *oscillation flexibility* is exercised in earnest, as the chaplain learns to move with the careseeker between the work of mourning and the work of living rather than steering toward either pole [3]. It is also where the temptation to revert to the expert-intervention posture is strongest, and where supervision oriented toward dwelling rather than fixing does its decisive work.

Spiritual Friend. The culminating stage is not a higher expertise but a repositioning: the chaplain functions as a peer who accompanies the careseeker in attending to the sources of their own wisdom [7]. Here, *communitas access* and *liminal meaning-making* come into their own, as the chaplain sustains solidarity with the threshold-dweller and helps generate provisional meaning without totalizing it. The friend does not lead the careseeker out of liminality; the friend dwells there with them.

4.2. The Three Prajñās as Learning Cycle

If the four stages describe where formation is going, the three *prajñās* describe how it moves. Sanford [7] presents listening, contemplating, and practicing not as a one-time sequence but as a recursive cycle that turns repeatedly within and across the developmental stages.

Śrutamayī prajñā, the wisdom of listening, is the receptive moment: attending to the tradition, to the supervisor, to peers in the cohort, and—above all—to the careseeker. In a formation oriented toward presence, listening is not preparation for response but a competence in its own right. *Cintāmayī prajñā*, the wisdom of contemplating, is the reflective moment in which what has been received is examined, integrated, and held against the practitioner's own experience—the labor of the verbatim and of spiritual direction. *Bhāvanāmayī prajñā*, the wisdom of practicing or cultivating, is the embodied moment in which contemplative discipline and clinical encounter become a sustained way of being rather than a discrete act. Halifax's [8] insistence that compassion must be *primed* through cultivation across multiple domains describes the same movement: the disposition the recognition paradigm requires is enacted into being through practice, not assumed as a trait.

The recursive structure matters for liminal competence specifically. A capacity such as ambiguity tolerance is not acquired once and retained; it is repeatedly

tested and renewed as the chaplain meets harder cases and their own limits. The three-*prajñā* cycle gives the model a mechanism for this renewal: each encounter re-enters the cycle of listening, contemplating, and practicing, deepening the capacity rather than merely exercising it.

4.3. Mapping Formation to Liminal Competence

The model's central pedagogical claim is that its stages and learning cycle cultivate the four capacities of liminal competence in an ordered but overlapping way. The Self stage grounds *ambiguity tolerance* in personal contemplative work. The Student and Chaplain stages build *oscillation flexibility* as the practitioner learns, under supervision, to coordinate with the careseeker's movement rather than direct it. The Spiritual Friend stage matures *communitas access* and *liminal meaning-making*, as accompaniment from within shared vulnerability becomes the practitioner's settled posture. Across all stages, the three *prajñās* supply the recursive engine that converts each of these from an idea assented to into a disposition embodied.

The mapping is not a convenient assignment but follows from the nature of each capacity and the work of its stage. *Ambiguity tolerance* is grounded in the Self stage because it is fundamentally the capacity to bear one's own discomfort with the unresolved: a chaplain who has not met that discomfort in personal contemplative work will, under clinical pressure, discharge it as the impulse to fix, so the capacity must be formed in the practitioner before it can be offered to another [6] [10]. *Oscillation flexibility* is built in the Student and Chaplain stages because it is an interactional skill—reading and following the careseeker's movement between mourning and living—that can be learned only in a supervised encounter, where a supervisor can name the moments the chaplain steered instead of following [3] [14]. *Communitas access* and *liminal meaning-making* mature at the Spiritual Friend stage because both depend on the peer posture: the egalitarian bond Turner [2] identifies as communitas cannot form across a hierarchy of expertise, and the validation of non-redemptive meaning requires a companion who has relinquished the authority to supply the "correct" meaning. In each case, the stage supplies the specific conditions the capacity requires, which is why the developmental order is principled rather than arbitrary. The result is not a chaplain who has learned what threshold-dwelling is, but one who has been formed into someone able to do it.

4.4. Relationship to the G.R.A.C.E. Protocol

The Kalyāṇamitra Formation Model and the G.R.A.C.E. protocol operate at different timescales and must not be confused. G.R.A.C.E.—gathering attention, recalling intention, attuning to self and other, considering what will serve, and engaging then ending—is a moment-of-encounter protocol that structures a single compassionate interaction and helps the practitioner regulate empathic distress in real time [8] [9]. It presupposes a practitioner who can, for example, attune without

being overwhelmed and consider without rushing to fix. But the protocol cannot itself install those underlying capacities; it operationalizes a competence it assumes.

The formation model supplies what the protocol presupposes. Where G.R.A.C.E. answers *what does the chaplain do in this encounter*?, the Kalyāṇamitra Formation Model answers *how does the chaplain become someone who can do it across a career*? The two are complementary layers of a single account: a longitudinal pedagogy that forms liminal competence, and an in-the-moment protocol through which that competence is enacted at the bedside [9]. Read together, they close the loop between formation and practice that the recognition paradigm requires.

4.5. Relationship to Adjacent Frameworks

The model's contribution is clearer when set beside three existing approaches it neither replaces nor duplicates. The *ministry of presence*—the widely used description of chaplaincy as accompaniment rather than instrumental intervention [18]—names the posture the recognition paradigm prizes, but treats it largely as a stance to be assumed rather than a capacity to be developed; it describes what the chaplain offers without specifying how a practitioner is formed to offer it reliably. *Reflective practice*, derived from Schön's [19] account of the reflective practitioner and embedded in CPE's action-reflection method, supplies a powerful engine for learning from experience but is content-neutral: it prescribes that the practitioner reflect, not which disposition the reflection should form. The field's *competency frameworks* organize formation around demonstrable, assessable skills [12] [13], which is indispensable for certification but tends to under-describe the relational interior on which recognition-oriented care depends.

The Kalyāṇamitra Formation Model occupies the space these leave open. It is a developmental pedagogy with an explicit telos—liminal competence—that uses reflective practice as its method, presence as its aim, and competency language as its accountability, while adding what none of the three specifies on its own: an ordered account of how the relational posture is grown. Its boundaries follow from the same comparison. It is not a theory of presence, not a general theory of professional learning, and not a competency checklist, but a proposal about the formation *sequence* that these frameworks can incorporate or contest.

5. Discussion

5.1. Strengths

The model's principal strength is fit. It addresses a relational, dispositional capability with a relational, dispositional pedagogy, avoiding the category error of trying to form presence through interventional training. Its second strength is integration: it does not displace CPE but maps onto its existing four-unit structure [5], offering a way to reorient established formation rather than replace it. Third, it is principled in its borrowing—grounded throughout in Sanford's [7] scholarship and attentive to the tradition's own internal critique of asymmetrical authority, so that the adaptation honors rather than extracts from its source. Finally, it

coheres with the wider theoretical architecture of recognition-oriented chaplaincy, operationalizing the formation of liminal competence [4] and dovetailing with the G.R.A.C.E. encounter protocol [9].

5.2. Limitations

Several limitations bound the model's claims. The most basic is empirical: the model is theoretically derived and has not been tested. Whether its stages and learning cycle produce measurable gains in liminal competence, and whether those gains translate into improved careseeker outcomes, remain open questions. Second, the model is resource-intensive in exactly the way recognition-oriented formation tends to be—demanding sustained contemplative practice, extended supervision, and spiritual direction at a time when pastoral professionals report significant structural strain and stress, conditions that can impair rather than support formation [20]. Third, the adaptation problem is mitigated but not eliminated; reasonable observers may differ on whether any extraction of kalyāṇamitra from its soteriological setting can avoid distortion, and the model should be held accountable to Buddhist scholars and practitioners, not only to chaplaincy educators. Fourth, CPE programs vary widely in their openness to contemplative and developmental pedagogies [5], so portability across the field cannot be assumed. The model is offered as a starting point for inquiry, not a settled standard.

5.3. Future Research

Three lines of investigation follow directly. The first is instrument development and validation: liminal competence requires a measure before its formation can be assessed, and constructing one is prior to any outcome study. Encouragingly, recent work demonstrates that formation outcomes in CPE can be measured—multicenter studies document pre-post gains in emotional intelligence and counseling self-efficacy among residents [21]—suggesting that liminal-competence gains might be tracked with comparable designs once a validated instrument exists. The second is a longitudinal cohort design tracking CPE residents through the four-stage arc, with mixed-methods attention to whether the three-*prajñā* cycle functions as the model predicts. The third is comparative and best sited where threshold-dwelling is most concentrated—palliative and chronic-illness settings, where spiritual assessment and accompaniment are already under active study [22]—contrasting cohorts formed under a kalyāṇamitra-oriented pedagogy with those formed under conventional intervention-oriented CPE on both practitioner measures (empathic distress, sustained presence, attrition) and careseeker-reported experience. Each is demanding, and none can be undertaken responsibly without collaboration across chaplaincy, contemplative studies, and grief science.

6. Conclusion

Recognition-oriented chaplaincy asks practitioners to dwell at the threshold of losses that will not close, and it names liminal competence as the capability this

asks of them. But a capability is not yet a person who possesses it, and the profession's dominant formation has been built to produce experts who resolve rather than friends who accompany. The Kalyāṇamitra Formation Model, adapted from Sanford's [7] recovery of the Buddhist spiritual friend, offers a pedagogy proportioned to the task: a four-stage arc from Self to Spiritual Friend, turned by the recursive wisdom of listening, contemplating, and practicing, cultivating each capacity of liminal competence in turn. It does not promise mastery; it promises formation—the hard interior work that lets a chaplain be present, without flinching and without fixing, with people in the hardest hours of their lives. Whether the model delivers what it describes is an empirical question this paper cannot answer. What it can claim is that the question is now well posed, and that the route from capability to character has a shape worth testing.

Conflicts of Interest

The author declares no conflicts of interest.

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