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Child's Global Development	Psychology (Erickson's psycho-social)	Language (Piaget)	Physical (Fowler)	Art (Piaget)	Hospitalization	Possible Problems	Proposed Interventions
<b>Emphasis</b>	the ego's theory of psychosocial development that addresses the interaction between nature and nurture but emphasized its social and cultural	an active participant in the creation of their own understanding	Spiritual	Debate: Associative activity (Piaget) vs. Social activity (Vygotzki)			
<b>Strength</b>	identifiable descriptors	identifiable descriptors	sames strengths as Erickson				
<b>Weakness</b>	lacks the causes of the process, rigid	Western and masculine bias	retroactive				
<b>Source</b>	Ford, G. S., (2007). Hospitalised kids - spiritual care at their level. <i>Journal of Christian Nursing</i> , Vol.24(3) pp.135-140. Hart, D., Schneider D. (1997) <i>Spiritual Care for Children with Cancer</i> . Seminars in Oncology Nursing, Vol.13, 4 (Nov.), pp.263-270 Watts, F., Nye R., Savage, S., Psychology for Christian Ministry, (2005). Routledge, Oxford	Ford, G. S., (2007). Hospitalised kids - spiritual care at their level. <i>Journal of Christian Nursing</i> , Vol.24(3) pp.135-140. Hart, D., Schneider D. (1997) <i>Spiritual Care for Children with Cancer</i> . Seminars in Oncology Nursing, Vol.13, 4 (Nov.), pp.263-270 Watts, F., Nye R., Savage, S., Psychology for Christian Ministry, (2005). Routledge, Oxford	Hart, D., Schneider D. (1997) <i>Spiritual Care for Children with Cancer</i> . Seminars in Oncology Nursing, Vol.13, 4 (Nov.), pp.263-270 Watts, F., Nye R., Savage, S., Psychology for Christian Ministry, (2005). Routledge, Oxford	Ford, G. S., (2007). Hospitalised kids - spiritual care at their level. <i>Journal of Christian Nursing</i> , Vol.24(3) pp.135-140 Santrock, J. W., Child Development, 11th Edition, 2007. McGraw Hill, New York	Ford, G. S., (2007). Hospitalised kids - spiritual care at their level. <i>Journal of Christian Nursing</i> , Vol.24(3) pp.135-140	Ford, G. S., (2007). Hospitalised kids - spiritual care at their level. <i>Journal of Christian Nursing</i> , Vol.24(3) pp.135-140	Hart, D., Schneider D. (1997) <i>Spiritual Care for Children with Cancer</i> . Seminars in Oncology Nursing, Vol.13, 4 (Nov.), pp.263-270
<b>Child</b>							
<b>Infant</b>					Focus on meeting infant's physical needs with as much care given by parents as possible		
	<p><b>Stage 1: Trust vs mistrust (birth to 18 months)</b></p> <p>Needs sensitivity and consistency in meeting needs. Basis of self-identity and hope established. "I'm dependent on others - can I trust this system?" Outcome can be hope or withdrawal</p>	<p><b>Sensorimotor (age 0 - 2)</b></p> <p>Uses senses, motor skills, reflexes to explore. Trial and error and "insight" problem solving. Thinking is in terms of the child's own bodily experience. Exploring through the five senses how things feel, look, sound, taste, smell differentiating between light and dark, banging bricks together, chewing rattles. Expanding perception of the world through physical development: grasping, holding, rolling, sitting up, tasting, crawling, pointing, standing, listening.</p> <p>Object permanence: • 6 mo - brief search • 9-12 mo - object search</p>	<p><b>Stage 0: Undifferentiated play</b></p> <p>No concept of right or wrong, no sense of religion or authority, beliefs or convictions to guide behavior. However, beginnings of faith are established with the development of basic trust through developing a relationship with their primary caregiver. Faith emerges as a pre-language of trust</p>	<p><b>sensorimotor and practice play</b></p> <ul style="list-style-type: none"> <li>• Solitary games</li> <li>• Peek-a-boo</li> <li>• Peek-a-peek</li> </ul>		<ul style="list-style-type: none"> <li>• Stranger anxiety</li> <li>• Separation anxiety</li> <li>• Interruption of comfort needs</li> <li>• Inconsistent/absent caregivers</li> <li>• Inadequate bonding Over- or understimulation</li> </ul>	<ol style="list-style-type: none"> <li>1. Actively listen to parental concerns. Be alert to the possibility that they may perceive their child's illness as some kind of religious omen or punishment.</li> <li>2. Build self-worth by reassuring parents about the adequacy of their parenting skills.</li> <li>3. Attend to emotional and physical needs of infants.</li> <li>4. Encourage and facilitate the continued use of a religious support system for the family. Suggest to caregivers the possibility of using a religious-based support system. If desired, assist them in finding an appropriate support system.</li> </ol>
<b>Toddler</b>					Routines in play with puzzles, books		
	<p><b>Stage 2: Autonomy vs shame and doubt (1 - 3 years)</b></p> <p>Limits (firm and consistent) lead to security. Acquires "will," feeling of self-control basis for self-esteem. "I can seize control in some areas, sometimes - is this independence met with encouragement, even when my efforts miss the mark?" Outcome can be will or compulsion</p>	<p><b>Preoperational thinking (age 2 - 7)</b></p> <p>(Object permanence complete) The growth of representational abilities Thought is imaginative and fluid rather than logical or reasoned: pretending, magic, make believe. As language develops, the ability to refer to things and mentally represent them revolutionizes children's thinking capacities; thought becomes more than just the processing of physical encounters. But the "operation" of thinking skills is chaotic. Children at this stage think in terms of how things feel and appear to them; their thinking seems dominated by...</p>	<p><b>Intuitive-projective</b></p> <p>Faith is led by imagination and emotion and authority. Thoughtful coherence is lacking but there is an intuitive attraction to strong images or icons which overwhelming feelings of power or powerlessness, safety or danger can be projected onto. Emotion and curiosity can spill over into an unwitting fascination with darker material and images. Imitates religious gestures and behaviors of others with very limited comprehension of any meaning or significance of activity. Follows parental beliefs as part of daily lives, but without an understanding of their basic concepts.</p>	<p><b>pretense/symbolic play</b></p> <ul style="list-style-type: none"> <li>• Egocentric</li> <li>• Short attention span</li> <li>• Parallel (independent but side-by-side)</li> </ul>		<ul style="list-style-type: none"> <li>• Stranger anxiety</li> <li>• Separation from parents</li> <li>• Loss of control</li> <li>• Injury</li> <li>• Regression</li> <li>• Separation anxiety</li> <li>• Interruption of routines</li> <li>• Physical restriction</li> <li>• Threats to independence</li> <li>• Negative behaviors; resistance to hospitalization, procedures, tantrums, regression</li> </ul>	<ol style="list-style-type: none"> <li>1. Teach and coach the parents to assist the child in positive coping behaviors.</li> <li>2. Reassure the child that she/he is not being punished (by God or other authority figures) for the disease or hospitalization.</li> <li>3. Using the information gained in the assessment, continue with routines from home, such as daily activities, limit setting, and religious rituals.</li> <li>4. Appropriately initiate discussion of love and caring from Higher Power, using developmentally correct language to relieve anxiety and/or</li> </ol>
<b>Preschool</b>					equipment, puppets		
	<p><b>Stage 3: Initiative vs guilt (3 - 6 yrs)</b></p> <p>Energy used in problem solving. "Conscience" develops. Begins cooperation. Beginning of purpose. "I can make my best effort, my will, physically and emotionally - is taking such initiatives rewarding or too likely to be in tears?" The outcome can be purpose or inhibition</p>	<p><b>Preoperational (see above)</b></p> <p>Self-centered; perception from own point of view; literal interpersonal work and actions; judges things for outcome, consequence to self.</p>	<p><b>Intuitive-projective stage (3-7 years)</b></p> <p>see toddlers above</p>	<p><b>Social play</b></p> <ul style="list-style-type: none"> <li>• Co-operative</li> <li>• Self-expression</li> <li>• Drama</li> <li>• Limitation</li> </ul>	<ul style="list-style-type: none"> <li>• Regression</li> <li>• Unfamiliar environment</li> <li>• Body injury</li> <li>• Loss of self-control</li> <li>• Injurious procedures</li> <li>• Pain</li> <li>• Abandonment</li> <li>• Punishment</li> <li>• Darkness</li> </ul>	See toddlers	
<b>School-Age</b>					Provide facts on child's level, allow choices/verbalization		
	<p><b>Stage 4: Industry vs inferiority (6 - adolescence)</b></p> <p>Wise recognition by producing things and solving problems of finishing tasks. "I am aware of my peer group and our differing abilities - am I basically competent or inferior?" Outcome can be competence or inertia</p> <p><b>Stage 5: Identity vs role confusion (12 - 20)</b></p> <p>Search for self-identity. Begins socially responsible behavior and coping with emotions. Develops ideology and philosophy of life. Looks for powers and limits. "become properly self-conscious, who am I with whom should I identify?" Outcome can be Fidelity or role repudiation</p>	<p><b>Concrete operations (age 7 - 11)</b></p> <p>The ability to think using mental operations. Interpersonal collaboration and competition. Social reciprocity and sense of fairness. Uses elementary logic and manipulating actual objects and experiences. Thinking at this stage depends heavily on the actual context; there is an emphasis and reliance on strict rules and literal interpretations. Development of some control over the operation of thought processing begins. Children now begin to appreciate</p>	<p><b>Mythical-literal</b></p> <p>Faith becomes a kind of simple thinking. Narrative and stories provide the mental structure to a sequence of ideas, feelings or values. Meaning and reflection outside of the story form have little to offer; all attention is focused on the powerful clarity of the surface meaning. Spiritual development (closely related to experiences and social interactions. Usually have a strong interest in religion and are able to articulate their faith. Conscience is developing. "They do not construct God in particularly personal terms, or attribute to God highly differentiated internal emotions and interpersonal</p>	<p><b>Games</b></p> <ul style="list-style-type: none"> <li>• Crafts</li> <li>• Books</li> <li>• TV</li> <li>• Computer</li> <li>• Video games</li> <li>• Friends</li> </ul> <p>This combines sensorimotor/practice play with symbolic representation of ideas. "Constructive play occurs when children engage in the self-regulated creation of a product or a solution." (Santrock)</p>	<ul style="list-style-type: none"> <li>• Regression (parents, peers)</li> <li>• Loss of control</li> <li>• Enforced dependency</li> <li>• Isolation</li> <li>• Pain</li> <li>• Disability, death</li> <li>• Injurious procedures</li> <li>• Respect privacy</li> <li>• Peer contact</li> <li>• School work</li> </ul>	<ol style="list-style-type: none"> <li>1. Be alert to anxiety about being punished by a deity.</li> <li>2. Provide appropriate, concrete explanations in response to questions regarding spiritual beliefs.</li> <li>3. Continue with religious rituals. When appropriate, promote the use of prayer.</li> <li>4. Encourage the child's personal relationship with his/her God.</li> <li>5. Model behaviors that show forgiveness and acceptance.</li> <li>6. Promote continued contact with school or church peers.</li> </ol>	
<b>Adolescent</b>					Provide information to adolescent and include parents; allow decision-making		
	<p><b>Stage 5: Identity vs role confusion (12 - 20)</b></p> <p>Search for self-identity. Begins socially responsible behavior and coping with emotions. Develops ideology and philosophy of life. Looks for powers and limits. "become properly self-conscious, who am I with whom should I identify?" Outcome can be Fidelity or role repudiation</p>	<p><b>Formal operational thinking (age 12+)</b></p> <p>Reasoning through propositional, abstract, and hypothetical ways - Hypothetical-deductive reasoning. Sees world from many and different perspectives. Thought is independent of concrete reality; is flexible, and manipulates symbols, forms hypothesis, and theories. Thinking includes playing with and making connection between ideas, and being able to reflect on principles behind rules. In this stage the legitimately childish qualities of thinking are overcome. Abstract ideas can be entertained, issues and hypotheses, rather than actual situations, can enter mental currency.</p>	<p><b>Stage 3: Syntheticoconversion (preadolescent)</b></p> <p>Faith becomes a form of loyalty. It is influenced by self-awareness of others. There is a growing sense of meaning to be found beyond the concrete - for example, in parable, in drawing ideas together. Faith is expressed in personal relationships with the like-minded, and affirmed in feeling connected to the consensus though conventional religious commitments. God and the church are viewed in idealistic interpersonal terms, a new form of family. Becomes increasingly aware of spiritual disappointments. Begins to reason and question some established parental religious standards. May drop or modify some religious practices.</p> <p><b>Stage 4: Individualizing reflexive (adolescent)</b></p> <p>Faith becomes a style of self-directed examination. Cautiousness in intellectual pursuit of clearer understanding and demystification. Emotion and experience can be sidelined. Becomes more skeptical</p>	<ul style="list-style-type: none"> <li>• Music</li> <li>• Books/magazines</li> <li>• Video games</li> <li>• Computer</li> <li>• Pets</li> <li>• TV, movies</li> <li>• Cars</li> <li>• Dating</li> </ul>	<ul style="list-style-type: none"> <li>• Separation from peers</li> <li>• Loss of control</li> <li>• Bodily injury</li> <li>• Pain</li> <li>• Disability, death</li> <li>• Pets</li> <li>• Respect privacy</li> <li>• Peer contact</li> <li>• School work</li> </ul>	<ul style="list-style-type: none"> <li>• Same as School Age child</li> <li>• May vacillate between adult and childish behaviors</li> </ul>	<ol style="list-style-type: none"> <li>1. Provide an open, accepting attitude. Provide an atmosphere for the adolescent to discuss the implications of this illness in terms of philosophical and religious beliefs.</li> <li>2. Encourage continued contact with friends/classmates. Use support groups with which the youth feels comfortable. Some may seek religious support groups from members of their peer groups.</li> <li>3. Encourage the use of religious rituals if the adolescent desires to continue using them.</li> <li>4. Provide answers to their questions in an unbiased manner that encourages their participation and stimulates their personal thinking.</li> <li>5. Take the time to develop an honest, trusting relationship with the teen.</li> <li>6. Assess and document verbalizations of the teen's values and beliefs.</li> </ol>
<b>Adult</b>							
	<p><b>Stage 6: Intimacy vs. isolation (20-40)</b></p> <p>"I am ready to share my identity with special others - how far can I give of myself in intimate relation? Should this risk be avoided altogether?" The outcome can be love or exclusivity</p> <p><b>Stage 7: Generativity vs. stagnation (40-50)</b></p> <p>"I have distinctive experience to pass on - how far can I extend a creative influence on others? Should I keep all my energies for myself?" The outcome can be care or rejection</p> <p><b>Stage 8: Integrity vs. despair (60+)</b></p> <p>"I have a sense of my life as a whole"</p>		<p><b>Stage 5 Conjective (adult)</b></p> <p>Faith becomes a symbolic space where emotion and reason, tradition and the personal, and numerous other apparent paradoxes are held together. Coherence is found in the creative, conscious tensions of opposites viewed as balancing elements in the whole picture. With the insights of stage 4, reasoning, there can be a nostalgic return to the value of symbol, story and relation.</p> <p><b>Stage 6 Universalizing</b></p> <p>Faith is finally transformed into a selfless state of relationship with God and everything in his creation. Faith of this kind is very rare. Expression is often found in a consuming commitment to higher, universal causes - justice and love</p>				