GREYSTONE PARK PSYCHIATRIC HOSPITAL
DEPARTMENT OF PASTORAL SERVICES

BACKGROUND

Preamble. Spirituality speaks to what gives meaning, purpose, and hope in a person's life. Meaning, purpose, and hope are constant themes of those who struggle with a psychiatric illness. "Why am I sick? What did I do to deserve this? Why am I here… I can't live on the outside? Why do I act like this? What is the meaning of my life? Why should I live?" Where is God?

> *What does this have to do with psychiatric practice? Everything! Being able to convey an appreciation for the miracle of consciousness, implicitly or explicitly, to patients who find life meaningless or a source of continuing pain, is the core of giving a sense of hope that life is worth the struggle. What is more basic than that? What medication will do that?* [1]

The Literature. There has been an explosion of interest on the role of religion and spiritual support in general healthcare. Much has been written about the interplay of spiritual health and mental health. There is some literature about religious commitment, religion and ethics in the therapeutic relationship, God ideation, and cults: these mostly using articulate, high functioning patients in private psychotherapy.[2] However, outside of subjective narrative,[3] anecdotal and case studies, little has been written about pastoral care assessment in acute, chronic, psychiatric hospital populations.[4] As clinically trained health care chaplains serving this population, we believe this is a deficit in the literature.

The Problem. We believe that a problem should be conceptualized and identified before an intervention can be designed. Because spirituality is a narrative driven, value laden, meaning making enterprise that takes place over a life span, spiritual assessment is far more complex than simply asking a patient "What religion are you?" Conversely, not everyone's idea of "pastoral care" would be effective, or even benign.

- Patients have different character or qualities to spiritual concerns;
- They carry those concerns at a particular developmental level;
- Those concerns are negotiated through a worldview effected by culture, nurture which includes—but is certainly not limited to—religious and spiritual instruction.

Objective

Continued application and development of spiritual assessment tools so the spiritual care can be delivered in a more accurate, focused, and efficacious manner. We expect better pastoral

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[1] Fawcett, Jan, Editor, *Psychiatric Annals, Vol 36, Num 3, p137 (March 2006)*

[2] From psychiatry, this genre would include the work of researchers such as Elizabeth S. Bowan, MD, STM; David B. Larson, MD; and Susan L. Deppe, MD. Bowman (Indiana University Medical School) in particular has studied God image and object relations with abuse survivors, and has long been a advocate for the inclusion of "religious histories" in treatment planning.

[3] Examples would include the writings of Paul Pruyser: five books, 27 book chapters, and 80 journal articles during his 30 years at the Menninger Foundation. Among his texts: *A Dynamic Psychology of Religion* (1968), *Between Belief and Unbelief* (1974), and *The Minister as Diagnostician* (1976). Also, work of Wayne E. Oates, *The Religious Care of the Psychiatric Patient* (1978) and *Behind the Masks: Personality disorders and religious behavior.* Further discussion of Oates follows below.

[4] For recent overview, see Christina Puchalski, MD, MS, *Spiritual Assessment in Clinical Practice, Psychiatric Annals, Vol 36, Num 3, p150 (March 2006)*

assessments will produce better patient care. Productivity of scant chaplain resources should be improved as well.

Analysis of the data may reveal patterns and suggest other directions for research.

The Study

The Sample. While a Formal Pastoral Assessment form and protocol exists at GPPH, for a number of reasons, it is rarely used. We propose to execute the Formal Pastoral Assessment on a sample of 100 patients at GPPH.

Time frame for completion. We expect the collection of these assessments to be completed over the course of one year.

The Selection. The patients will be selected by the investigators, based on their ability and willingness to speak about the religious and spiritual concerns.

The Data. The material shared by the patient will constitute the data.

The Assessment. Because the assessment elements are somewhat subjective and impressionistic, we feel the need to cross check and validate the assessment. Therefore,

- the patients assessed will be known by both investigators
- the data collected will be discussed by both investigators who will agree on how to score the data collected.

The Tools. Particular attention will be paid to three assessment tools currently included in the GPPH Pastoral Assessment Form:

- The **Oates Scale** for quality and depth of religious concern
- The **Fowler Scale** for developmental level of spiritual concern
- The **Hopewell Spiritual Worldview Grid**

A brief discussion of each tool follows.

The Oates Scale

Originally developed in the 1960's by The Rev. Dr. Wayne E. Oates, then Professor of Psychiatry and Behavioral Science at the University of Louisville School of Medicine, the Oates Scale continues to be an effective and valid tool for the description and organization of religious concern.[5]

Oates believed the depth and seriousness of a patient's concern could be classified in five groups, providing convenient shorthand for evaluating the role of religion in the live of the psychiatric patient. In later years, he and his students began to expand the classification. At GPPH, we use the following classifications based on Oates's work:

- None
- Superficial
- Conventional/Programmed
- Compulsive/Obsessional
- Controlling/Magical
- Profound/Authentic
- Hostile/Alienated
- Devotional/Private
- Mystical
- Bizarre

[5]Oates, Wayne E., *Religious Factors in Mental Illness*, Association Press, 1955; *When Religion Gets Sick*, Westminster Press, 1970; *Religious Care of the Psychiatric Patient*, Westminster Press, 1978.

The classifications are not singularly exclusive, *i.e.,* more than one classification may be employed to describe a patient's religious concern. *e.g.,* a patient may believe they can immediately and directly influence God [control God] to punish their psychiatrist for a treatment decision [hostile]. Over the years, anecdotal evidence suggests the Oates scale is very helpful in assessment of patients with Axis II disorders.

The Fowler Scale of Spiritual Development

The Fowler Scale is from the work of James W. Fowler, Ph.D., Professor of Theology and Human Development at the Candler School of Theology, Emory University in Atlanta.[6] His corpus builds on the structural-developmental theories of Erikson,[7] Piaget,[8] Kholberg,[9] and others.[10]

The JCAHO standard speaks of "growth and development over the life span;" healthy religious practice should support spiritual growth and development over the life span. Over the past three decades, the fields of pastoral care and counseling,[11] and health care chaplaincy—particularly in psychiatry,[12] have begun to recognize a structural–developmental, rather than a chronological age, model in treatment planning. Therefore, when pastoral care speaks of "age specific care," we are more likely speaking of a patient's developmental age, rather than their chronological age.

While ostensibly, GPPH serves only an adult population, pastorally, we see people at all sorts of religious developmental levels, from very imaginative, childlike faith, to quite time worn, mature understandings. Particularly in psychiatric settings, a patient's religious development may reflect similar limitations as seen in their cognitive, social, and emotional development. A 23 year old with a history of bi-polar illness may have a critical, introspective maturity far beyond their chronological age. A 45 year old person with schizophrenia may have the magical, imaginative thought of an 8 year old. The chaplain must listen for the clues which will yield an accurate assessment. In all cases, chaplains must accurately assess and meet the

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[6] Fowler, James W., "Healing Spirit: Psychiatry and the Dynamics of Faith": Oskar Pfister Award Address to the American Psychiatric Association, May, 1994.

Ed. note: Pfister (1873-1956) was a Swiss pastor, psychoanalyst, and educator who developed a friendship and correspondence with Sigmund Frued. He is remembered for his work toward merging the powers of psychoanalytic method with those of spiritual care. The *Oskar Pfister Award* is given annually by the American Psychiatric Association and the Association of Professional Chaplains (formerly the Association of Mental Health Clergy) to one advancing the theoretical and practical knowledge of those goals.

c.f., Fowler, James W., *Stages of Faith: The psychology of human development and the quest for meaning,* New York: Harper and Row, 1981; *Faith Development and Pastoral Care,* Philadelphia: Fortress, 1987. With Sam Keen, *Conversations on the Journey of Faith,* Waco: Word (1978, 1985). Fowler, "Faith and the structuring of meaning," and Robert Kegan, "There the Dance Is: Religious dimension of a developmental framework," both articles in *Toward Moral and Religious Maturity,* Morristown, NJ: Silver Burdett, 1980.

[7] Erikson, E.H., *Childhood and Society,* New York: Norton (1950); *Toys and Reasons: Stages in the ritualization of experience*, New York: Norton, (1977).

[8] Piaget, Jean, *The Growth of Logical Thinking from Childhood to Adolescence,* New York: Basic Books (1956), *The Origin of Intelligence in the Child*, London: Penguin Books (1977).

[9] Kohlberg, Lawrence, *Essays in Moral Development. Volume One: the Philosophy of Moral Development*. San Francisco: Harper and Row (1981); *Volume Two: The Philosophy of Moral Development* (1984).

[10] Levinson, Daniel, *The Seasons of a Man's Life,* New York: Knopf (1978). Carol Gilligan, *In a Different Voice,* Cambridge: Harvard University Press (1982).

[11] Osmer, R.R., "Developmental Theory and Pastoral Care;" Donald Capps, "Life Cycle Theory and Pastoral Care," both articles in *The Dictionary of Pastoral Care and Counseling;* Aden, L, "Faith and the Developmental Cycle," *Pastoral Psychology* 24 (1976), 215-30.

[12] Deppe, Susan L., MD, "Spiritual Development," and Elizabeth Bowman, MD, ThD, "Taking a Religious History," *Religion: A Research and Clinical Overview,* both continuing education courses at the Annual Meeting of the American Psychiatric Association, Course 57, 1994; Course 60, 1995.

For a practical application, see Howard W. Whitaker, *A Pastoral Commentary on Dissociative Disorders,* Chattanooga: Clinical Pastoral Services, 1994. Also, "Age Specific Competencies for Chaplains," the 2003 GPPH Department of Pastoral Services training module on spiritual developmental assessment.

patient "where they are" in order to give proper care. Only after an accurate assessment can the chaplain plan an appropriate intervention.

A structural developmental model of spiritual assessment might predict a relational worldview and God ideation thus:

Age [Stage]	**My world is…**	**God is…**
1-3 [Imaginative]	I am the center of my world. I might allow into my world interesting things.	Whatever I am told, plus trust/mistrust experiences of caregivers.
Pre-school; some grade school [Projective]	…full of wonder, magical, fanciful, kaleidoscope. Others are big/little, good/bad… biggest is "goodest."	Combination of what I have been told, plus imagination. Outside and bigger.
Grade school, most Jr-high, some adults [Literal]	…concrete, literal, centered in my wants, held together by narrative. Others are objects about which I can act upon and predict behavior.	Concrete, typically human form: *e.g.,* Old man with a beard… "I have a hard time with 'father figures,' can I just pray to the Virgin Mary?"
Older grade school and many adults [Conventional/Interpersonal]	…conforming to the values of significant others. Interpersonal relationships. Stable and continuing stereotypes.	Interpersonal with abstract human qualities, *e.g.,* loving, caring friend; stern judge
Some older Sr-high, many adults [Reflective/Individuative]	…explicit value systems, rationality, laws, sanctions.	Beyond the interpersonal, *e.g.,* "force," "the ground of all being," "Lord of History"
A few adults [Dialectical/Integrative]	…standing outside systems. Vision, pluralism, ultimate worth, commitment, ambiguity, integration.	Integration of the interpersonal and abstract. Allowing God to be God with all the complex uniting of opposites.

At GPPH, we use the following classifications for assessing spiritual developmental level:

- Imaginative/projective
- Literal
- Conventional/interpersonal
- Reflective/Individuative
- Dialectical/integrative

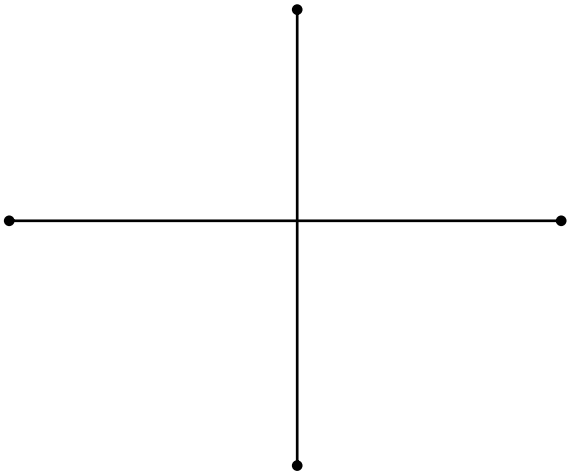
Hopewell Spiritual Worldview Grid

Deciphering denominational doctrines—particularly when they have been freely adapted by psychiatric patients—can be a fool's errand. It is not uncommon to find patients that have simply made up their own religion. Therefore, we have found a narrative interpretation tool developed by The Rev. Dr. James Hopewell[13] for use in Christian congregations to be helpful in listening to the spiritual narratives of those seeking pastoral care. Interestingly, Hopewell based his interpretative tool upon Northrope Frye's schema for mapping the worldview of various genres of Western literature to the four compass parts of comedy, romance, tragedy and irony.[14] A graphical depiction would be:

Chart A- HOPEWELL SPIRITUAL WORLDVIEW/NEGATION GRID
Based on Northrope Frye's Divisions of Narrative Literature

Empiric: Reliance upon data objectively verifiable through one's own five senses. The integrity of one's own person requires realism about the way things demonstrably work and the rejection of the supernatural. Characteristics of the empiric orientation are similar to those of Frye's **ironic** genre.

Canonic: Reliance upon an authoritative interpretation of a world pattern, often considered God's revealed word or will, by which one identifies one's essential life. The integrity of the pattern requires that followers reject any gnosis of union with the pattern, but instead subordinate their selfhood to it. Characteristics of the canonic orientation are similar to Frye's **tragic** genre.



Gnostic: Reliance upon an intuited process of a world that develops from dissipation toward a sacred and cosmic Unity. The ultimate integrity of the world requires the deepening consciousness of those involved in its systemic outworking and their rejection of alienating canonic structures. Characteristics of the Gnostic orientation are similar to those of Frye's **comic** genre.

Charismatic: Reliance upon evidence of a transcendent Spirit personally encountered. The integrity of Providence in the world requires that empirical presumptions of an ordered world be disregarded and supernatural irregularities instead be witnessed. Characteristics of the charismatic orientation are similar to Frye's **romantic** genre.

Chaplains have long considered their patients to be sacred, living documents of salvation history. Their stories, and the "story of their stories," reveal very particular worldviews from which they negotiate their experience. These worldviews shade their spirituality and accurate pastoral care requires a chaplain be aware of—and if possible make empathetic connection within—the same worldview as the patient.

The task is not to engage in theological debate, but rather to listen for the *tone* of a patient's remarks. (See chart B) For example, a patient speaking of their suicidal thoughts or trials at the hands of an internalized "persecutor" as a "sacrifice to God" will not be as open to language about growth through adventure or "the hero's journey" as a patient more romantically inclined. A patient who feels "oppressed" by the demands of milieu will likely feel even more oppression

[13]James F. Hopewell, *Congregation: Stories and Structure,* (Philadelphia: Fortress, 1987) At the time of his death in 1984, Hopewell was Professor of Pastoral Theology at the Candler School of Theology.
[14]Northrop Frye, *Anatomy of Criticism,* (Princeton, NJ: Princeton University Press, 1957)

if a chaplain speaks the language of sin, justification and judgment. A patient who is committed to the idea that a midrash introduced in therapy by her therapist has some hidden, esoteric meaning may not easily be redirected by someone's personal assurance that God is with her in her suffering. A patient who desires the presence of the Lord Jesus may not be open to a "tree of life" imagery as a tool for recognizing God's presence. The more secularized twelve-step programs not only speak of God as "higher power," but as "good, orderly force." New age literature as well as classic Christianity speaks of "Being," "Life" and "Light."

	Canonic	**Gnostic**	**Charismatic**	**Empiric**
Narrative features:				
Motif				
Movement	Sacrifice Union toward subordination	Integration Subordination toward union	Adventure Uniformity toward variation	Testing Variation toward uniformity
Body Scenarios				
Personal ↓	Hubris Surrender Justification	Ignorance Enlightenment Peace	Weakness Tarrying Empowerment	Bondage Honesty Love
Social	Vice Righteousness Judgment	Discord Wisdom Harmony	Conventionality Charism Transformation	Oppression Justice Community
Cosmic	Powers & Principalities Passion Kingdom	Illusion Process Union	Perpetuity Signs Days of the Lord	Absurdity Science Regularity
Cognitive Features				
Authority	God's revealed word and will	Intuition, esoteric wisdom	Personally manifested evidence of God's immanence	Data objectively verifiable through one's five senses
Focus of Integrity	Scripture	Trustworthy cosmos	Providence of God	One's person
Valued Behavior	Obedience	Inner awareness	Recognition of God's Blessing	Realism
Concepts (Christian)				
God	Father	Ground/Force	Spirit	Ultimate concern
Jesus	Savior	Living Symbol	Lord	Teacher
Evil	Devil	Ignorance	Demons	Demonic
Time	Linear	Cyclical	Premillennial	Amillennial
Bible	Word	Allegory	Program	History
Minister	Messenger	Guide	Exemplar	Enabler
Eucharist	Memorial	Sacrament	Presence	Agape
Church	Covenant	Pilgrimage	Harvest	Fellowship
Gospel	Salvation	Consciousness	Power	Freedom

Chart B: HOPEWELL WORLD VIEW EXAMPLES

The ability to give effectual pastoral care and spiritual support is dependant on the ability of the chaplain entering into the patient's spiritual worldview. That worldview must be accurately identified in assessment.

Cost and Intrusion

We anticipate no cost to and little intrusion into the life of the hospital or treatment milieu. The assessments will be preformed as part of the normal pastoral care of patients.

The Investigators

The principle investigators for this study will be:

- Howard W. Whitaker, D.Min.
  - Director of Pastoral Services: Greystone Park Psychiatric Hospital
  - Episcopal Priest
  - Board Certified:
    - Association of Professional Chaplains
    - Association of Mental Health Clergy
  - 18 years in healthcare chaplaincy, including Children's Hospital Medical Center, Cincinnati; Lakeshore Mental Health Institute, Knoxville; Sheppard-Pratt Hospital, Baltimore; Private practice, Chattanooga. Author: *A Pastoral Commentary on Dissociative Disorders*, and numerous articles, letters and sermons in professional publications.
- Margaret C. Tuttle, M.A.(Nursing), M.Div.
  - Lead Chaplain: Greystone Park Psychiatric Hospital
  - Episcopal Priest
  - Board Certified:
    - Association of Professional Chaplains
  - 15 years in nursing before entering seminary; 6 years in healthcare chaplaincy

Submitted to the Research and Library Committee: May 2, 2006.

Howard W. Whitaker, D.Min, BCC
Margaret C. Tuttle, M.Div., BCC

Attachment:

1. Pastoral Assessment Form
2. Understanding Faith Development Graphic