

HEALTHY FUNCTIONING AND SPIRITUAL GROWTH

This educational CAPPE module is part iii in Section IV:

Theories of Human Development

Written by Peter L. VanKatwyk, Ph.D.

Introduction

This module explores the concepts of the “good man/woman,” and the “good life” in the context of major theories of human health and spiritual growth. The role of religion both as a potential impediment and as an active support in healthy functioning will be examined. Ways in which spirituality can be assessed and spiritual care can be enhanced, including the means of a religious/spiritual history interview, will be reviewed.

I. Visions of the Good Life

As human beings we can, and often need to, step back, assess and evaluate the course of our lives, relating past and present experiences to the future in a search for the meaning of happiness and capture a vision of the good life. Cicero, claiming to be a follower of Socrates and Plato and steeped in stoic philosophy, identified the good life in his culture’s patriarchal terms by the following:

This is the sort of person a truly wise man has to be. He will never do anything he might regret – or anything he does not want to do. Every action he performs will always be dignified, consistent, serious, upright. He will not succumb to the belief that this or that future event is predestined to happen; and no event, therefore, will cause him surprise, or strike him as unexpected or strange. Whatever comes up, he will continue to apply his own standards; and when he has made a decision, he will abide by it. A happier condition than that I am unable to conceive.¹

For Theological Reflection

How do you interpret and value Cicero’s equation between:

- The “good life” and a moral life
- The moral life and dignified personal standards
- The adherence to personal standards and a happy life

From a more contemporary, humanistic perspective, Abraham Maslow researched in the 1970’s the lives of “Good Human Beings” and presented the following summary of characteristics of “self-actualizing” persons:

- *More accurate perception and acceptance of reality*
- *Spontaneity, freshness of appreciation, and creativeness in everyday activities*
- *Relative detachment from the immediate physical and social environment*
- *Deeper, more satisfying interpersonal relations, most likely with a small number of other self-actualizing individuals*
- *Strong feelings of identification and sympathy for all other human beings*
- *Democratic, non-authoritarian character structure*
- *Non-hostile, philosophical humor*
- *Clear moral and ethical standards that are consistently applied*
- *Felt resolution of apparent dichotomies or pairs of opposites*²

Questions:

- what would you put on your own list of virtues?
- how would you arrange these virtues in hierarchical order?
- why do these selected virtues stand out for you?
- what sources of influence or inspiration can you identify?

Such lists have been called a “bag of virtues;”³ specific character and morality traits which tend to be largely culturally and subjectively bound. Less content and more process oriented visions of the healthy personality focus on the ability to adapt to novelty by creative change. The following are examples of visions that equate health with growth and change:

- Paul Tillich’s⁴ theology distinguishes life from death by contrasting the process of self-integration with disintegration. The healthy self is one of perpetual motion and change as the self draws into self-alteration when connecting with creative possibilities of its surrounding world, then re-establishes itself in a new centre that incorporates the changes of the self-alteration. In this motion-picture conceptualisation, the self’s place in the world is an ever-expanding process of self-creation kept in balance between the two poles of self-alteration and self-identity.
- Process theology defines the life and growth of the human soul as an ongoing process in the experience of social relations and interactions. John Cobb following Alfred North Whitehead defines the soul as follows:

The soul is not an underlying substance undergoing accidental adventures. It is nothing but the sequence of the experiences that constitute it...Wherever it is reasonable to posit a single center of experience playing a decisive role in the functioning of the organism as a whole, there it is reasonable to posit a soul. For the soul is nothing but such a center of experience in its continuity through time. (1965, 48)
- Humanistic growth-approaches and human potential therapies are designed to liberate and potentiate life when stuck.⁵ In Gestalt therapy health is defined as a continuous process of creative adjustments: “the ever-renewed transition between

novelty and routine, resulting in assimilation and growth.”⁶ It is the picture of either flowing or stagnant waters that signal the conditions of life or death. Virginia Satir sees life in a person when “there is an integration, a flowing, an aliveness, an openness and what I call a juiciness ...”⁷ In a process conception of therapy, Carl Rogers portrays seven successive stages of growth: “by which the individual changes from fixity to flowingness, from a point nearer the rigid end of the continuum to a point nearer the “in motion” end of the continuum.” The culmination of therapy is reached when “the person becomes a unity of flow, of motion. He has changed. But what seems most significant, he has become an integrated process of changingness.”⁸

For Reflection and Reaction

For humankind today generativity *has degenerated into mere creativeness, experimentation, and inventiveness; it has become torn apart from that deeper capacity to care which completes and limits the truly generative impulse.*
Don Browning.

II. Theories of the Healthy Personality and Spiritual Growth

- A. Erik Erikson in his 1950 extensive paper *Growth and Crises of the Healthy Personality* acknowledges that psychoanalysts know much more about psychological disturbances than about how to prevent them. In general it seems that for most of us it is easier to define sickness than what it means to be healthy, and experience health more readily by the absence of sickness than by the presence of well-being. In his paper on human development towards maturity⁹ Erikson forwards the following definition of the healthy personality which he equates with human growth:

I shall present human growth from the point of view of the conflicts, inner and outer, which the healthy personality weathers, emerging and re-emerging with an increased sense of inner unity, with an increase of good judgment, and an increase in the capacity to do well, according to the standards of those who are significant to him.

For Reflection and Conversation

- What do you like/dislike about this definition?
- If you could add or modify, what would it be?
- How does “to do well” include the dimension of spirituality?
- How does “to do well” relate to multi-cultural contexts?

This definition of the healthy personality is based on the *epigenetic principle* that all growth runs parallel to the initial embryonic development of organisms *in utero*. Erikson describes this principle as follows:

That anything that grows has a ground plan, and that out of the ground plan the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole.

Deducing from the two descriptions above, human growth is punctuated by the following themes:

1. a genetic *ground plan* guides the evolvement of human life.
2. a systemic process integrates biological, social, psychological and spiritual/ethical dimensions into a *functioning whole*.
3. *crisis* or *inner and outer conflict* triggers growth as a “turning point, a crucial period of increased vulnerability and heightened potential.”¹⁰
4. growth takes place at *times of special ascendancy* in relation to the proper development of preceding, foundational stages.
5. growth as personal/social development is the readiness to interact with a *widening social radius*, beginning with the dim image of a mother and ending with humankind.¹¹
6. the foundation of a healthy personality, derived from the experiences of the first year of life, is a sense of *basic trust*, as a “reasonable trustfulness as far as others are concerned and a simple sense of trust as far as oneself is concerned.”¹²
7. *religion* is a cultural institution that takes on the guardianship of basic trust in adulthood – “all religions have in common the periodical childlike surrender to a Provider or providers...the insight that individual trust must become a common faith, individual mistrust a commonly formulated evil, while the individual’s need for restoration must become part of the ritual practice of many...”¹³
8. the point of integration and culmination in the course of developing personal strengths and virtues is centered in the last stage of *generativity* as “the interest in establishing and guiding the next generation.”¹⁴

Erikson Quotes¹⁵ for Reflection

towards old age without the experience of generativity

- *Individuals who do not develop generativity often begin to indulge themselves as if they were their own one and only child.*

towards old age with the sense of integrity

- *The acceptance of one’s own life cycle and of the people who have become significant to it as something that had to be and that, by necessity, permitted of no substitutions...an acceptance of the fact that one’s life is one’s own responsibility.*
- *The sense of comradeship with men and women of distant times and of different pursuits, who have created orders and objects and sayings conveying human dignity and love.*

B. James Fowler, known for his construction of stages in faith development,¹⁶ bases his theory on the constructivist developmental theory of Jean Piaget as interpreted and amplified by Robert Kegan.¹⁷ Evident is a deep appreciation for and influence of Erikson. Fowler demonstrates how the two major psychological perspectives, respectively psychodynamic and constructivist theory, share remarkably similar features in their views of the healthy personality as a developmental and moral growth process. Related to Erikson's theory are the following growth principles in Fowler's schema of faith development:

1. Fowler assumes a genetic ground plan designed for spiritual functioning: *that as part of the planfulness and intention manifest in creation, human beings are genetically potentiated for partnership with God. That is to say we are prestructured, as it were, to generate the capacities necessary for us as a species to fulfill our vocations as reflective-responsive members of creation.* (1987, 54)
2. The first stage in faith development, *Primal Faith*, "arises in the roots of confidence¹⁸ that find soil in the ecology of relations, care, and shared meanings that welcome a child and offset our profound primal vulnerability...As dependable realities who go away but can be trusted to return, our primary care givers constitute our first experiences of superordinate power and wisdom, as well as our dependence." 1984, 53.

For Reflection and Conversation

These primal others, in their mixtures of rigidity and grace, of arbitrary harshness and nurturing love, are doubtless present in the images of God that take more or less conscious form by our fourth or fifth years. 1984, 53

How can we:

- Discern our own image of God?
 - Identify the architects of/contributors to this image?
 - Assess our own representative role as a spiritual care provider?
 - Address the care receiver's dependency tendencies and expectations?
3. The crisis event as a growth point marks the transition from one stage to the next in Fowler's theory of faith development. Crisis is defined cognitively as a shift in perspective – a radical change or revolution in a person's orientation to the world and way of meaning-making.

These shifts of transition are not about the *contents* of faith but about the *operations of knowing and valuing*: "Our stages describe in formal terms the structural features of faith as a way of construing, interpreting, and responding to the factors of contingency, finitude, and ultimacy in our lives" (1984, 52).

Questions for Reflection and Conversation

In no way will we be suggesting that a person characterized by one of the less developed stages is any less a person than one described by a more developed stage. 1987, 57.

- How do you feel about measuring a person's faith or spiritual maturity, or for that matter being measured, by an assessment tool?
 - Is a person's faith or belief in God a "sacred place" to be respected rather than to be critically assessed?
4. The point of integration and culmination in the developmental course to human maturity, articulated by Erikson in the concept of *generativity*, is for Fowler the Jewish/Christian theological understanding of *vocation*: "Vocation is the response a person makes with his or her total self to the address of God and to the calling to partnership" (1984, 95.) Both Erikson and Fowler emphasize that the purpose of life goes beyond self-realization to something larger than the self and communal in its outreach.

For Theological Reflection

Brueggemann states that vocation is finding "a purpose for being in the world that is related to the purposes of God."¹⁹ Identity becomes a matter of vocation, moving from the question "Who am I?" to the question "Whose am I?"

- Are these two questions qualitatively different for you?
 - How does the question "Whose am I?" differentiate Fowler from Erikson?
 - How would you formulate the identity question for yourself?
5. The last stage is defined as *Universalizing Faith and the God-Grounded Self*. For both Erikson and Fowler's human growth is correlated with a widening social interaction and perspective. In the universalizing stage the circle of humankind extends beyond class, nation, racial and religious discriminations to an inclusive scope of "real solidarity with a commonwealth of being" 1984, 75. Fowler describes this as the culmination of the cognitive process of *decentration of the self* ensuing in a new quality of grounding in God or the Principle of Being:

There is a relinquishing of self into the Ground of Being, a kind of reversal of figure and ground in which the person of faith now participates, albeit as a finite creature, in a kind of identification with God's way of knowing and valuing other creatures. 1987, 75.

C. Carol Gilligan has closely collaborated with Lawrence Kohlberg on social and moral development.²⁰ Adapting Piaget's theory, Kohlberg put forward six normative stages in orientation for moral reasoning and ethical conduct:

1. obedience and punishment
2. self-interest
3. interpersonal accord and conformity
4. authority and social-order maintaining
5. social contract
6. universal ethical principles

Gilligan noted a marked difference between male and female responses in the research studies. Many women seemed to congregate around stage 3, and the relatively small proportion of women who went beyond stage 3 tended to go to stage 5 rather than stage 4.

On the basis of her own research Gilligan proposed that there is gender difference in moral reasoning. Following psychoanalytic studies²¹ Gilligan has contrasted the difference between early childhood relations respectively between mothers and their sons, and mothers and their daughters. While girls experience themselves in continuity with their mothers and are encouraged to identify with their mothers, boys experience themselves as discontinuous with their mothers and are encouraged to separate and differentiate themselves from their mothers:

In view of these paths of development and particularly of the different ways in which the experiences of separation and connection are aligned with the voice of the self, the representation of the boy's development as the single line of adolescent growth for both sexes creates a continual problem when it comes to interpreting the development of the girl.

Gilligan, 1982, 39.

While Kohlberg focuses on the "ethics of duty," Gilligan in contrast highlights the "ethics of responsibility" in a relational context of care. In an attempt to have the two sexes learn from each other, Fowler, 1984, 46, concludes

For women, the trajectory of moral development means learning to balance the rights of persons, including their own rights, over against the claims of the welfare of groups of persons for whom they feel responsible...

For men, the trajectory toward moral wholeness means learning to think and feel more holistically, to overcome excessive detachment, and to learn to see persons in relationships and in the context of shared histories and mutual responsibilities.

Questions for Reflection and Conversation

- Ethically do you feel more woman than man, or the reverse?
- If morally bisexual, where is the balance for you?
- Does one's ethical identification necessarily coincide with one's gender?
- Which one of the two ethics do you personally favor/disfavor?
- Is there a personal developmental narrative to go with this favor/disfavor?

III. Religion and Human Growth

Following Freud's *Future of an Illusion* (1927), psychiatry has had a long history of seeing religion as an infantile denial of reality, barring human growth and contributing to mental illness. Over the years more people have become aware that psychiatry tends to harbour a cautious, at times hostile, attitude towards religion.

In a popular paperback edition in the early 1970's, *Religion may be hazardous to your health*, psychiatrist Chesen summarized the potentially ill effects of religion as a regressive slide all the way down to psychotic disorders:

1. religion can impede the development of flexible thinking processes.
2. rigidity can lead to emotional instability in later life.
3. religious indoctrination may result in a punitive conscience and repression.
4. religion may help in losing contact with reality.
5. pathological effects of religion show in delusional systems of thought and identification.

In recent years some books have come out combining aggressive atheism with rejecting religion²² - books with provocative titles that have gained notoriety and popularity:

- *Deadly Doctrine*. Wendell Watters. 1992.
- *The God Delusion*. Richard Dawkins. 2006.
- *God is not Great: Religion poisons Everything*. Christopher Hitchens. 2007.

One Question asked twice:

- Does atheism necessarily exclude religion?
- Does religion necessarily include belief in God?

The field of psychology has entertained a more varied dialogue with religion. One discipline specifically, the psychology of religion, has focused on religious experience in its manifold manifestations as in the celebrated classic *The Varieties of Religious Experience* (1902) by William James. Such psychology of religion studies have not reduced religion to a mental health or social problem but have recognized the salutary effects of religious commitment and practice on human health. Note the title of a well respected contemporary research based work: *The Psychology of Religion and Coping* by Kenneth Pargament (1997).

Rather than dichotomising religion as either good or bad, psychology of religion studies have generated criteria to help distinguishing healthy from sick religion. The following three pairs of polar opposites summarize major principles in an attempt to differentiate the functional from the dysfunctional in religion and spiritual growth:

1. *Trusting versus Fearful Religion* – the principle of human growth

For Freud, religion was a force of regression rather than growth. Religion symbolized childish wishful thinking with a defiant resistance to grow up. Erikson, though a Freudian, took the opposite approach by seeing religion as the very foundation of growth. Erikson's first stage in human growth presents the polarity of trust versus doubt, with the theme that healthy religion thrives when there is a preponderance of trust over doubt and fear.

Freud had an animated and friendly correspondence with Oscar Pfister, a Protestant clergy, who wrote *Christianity and Fear*. The book promotes a "hygienic" practice of religion, marking religious aberrations as products of fear rather than of faith. Mentally healthy religion does not major in denial or manipulation of reality, which is expressive of distrust and a need to control, but seeks to align the person of faith with reality. Wayne Oates in his book *When Religion gets Sick* contrasts healthy religion with superstition and magic as "a system of manipulation, which seeks to rule out the necessity of faith in the face of the risks of the unknown and uncontrollable. Both magical rituals and obsessive-compulsive neurotic acts are in essence incantations of fear."

2. *Comprehensive versus Restrictive Religion* – the principle of human devotion

Gordon Allport defines a person's religion as "the audacious bid he makes to bind himself to creation and to the Creator." The mature religious sentiment is evident as "comprehensive, embracing the whole order of creation" 1978, 72. This wide perspective makes for tolerance: "One knows that one's life alone does not contain all possible values or all facets of meaning. Other people too have their stake in truth" 1950, 69.

A similar emphasis on a devotion that is comprehensive in scope is present in Erich Fromm's famous definition of religion as "any system of thought and action shared by a group which gives the individual a framework for orientation and an object for devotion."

The opposite of a comprehensive orientation is the idol as a part process and a restriction of life. Paul Tillich defines idolatry as "investing ultimate concern in proximate, finite, temporal and transitory reality," thus exercising demonic dominion. In *The Courage to Be* he describes neurotic anxiety as being fixed to a limited self-affirmation, adding that religion can be used for such purposes:

“Much courage to be, created by religion, is nothing else than the desire to limit one’s own being and to strengthen their limitation through the power of religion. And even if religion does not lead to or does not directly support pathological self-reduction, it can reduce the openness of man to reality, above all to the reality which is himself.”²³

Eric Hoffer in *The True Believer* (1951) describes fanatic religion as

The desperate attempt to absolutize a finite object of human devotion. All forms of dedication, devotion, loyalty and self-surrender are in essence a desperate clinging to something which might give worth to our futile, spoiled lives. Hence the embracing of a substitute will necessarily be passionate and extreme. We can have qualified confidence in ourselves, but the faith we have in our nation, religion, race or holy cause has to be extravagant and uncompromising. A substitute embraced in moderation cannot supplant and efface the self we want to forget?

3. Intrinsic versus Extrinsic Religion – the principle of locus of control

Gordon Allport (1959) coined the terms *extrinsic* and *intrinsic* to contrast two major religious orientations:²⁴

- The *extrinsic* style is to use religion for one’s own ends. Extrinsic values are instrumental and utilitarian. Religion is valued for a person’s deficiency needs: security, comfort, sociability, status and self-justification.
- The *intrinsic* style is directed to valued religious beliefs and practices that the person seeks to internalise and live fully. Religion is valued as an end in itself.

The gods we stand by are the gods we need and can use, the gods whose demands on us are reinforcements of our demands on ourselves, and on one another.
William James.

the above quotation²⁵ for critical reflection and discussion

- Is the idea of God a personal and/or social construction?
- Is religion by nature a pragmatic and utilitarian practice?
- Is there a difference between self-serving and God-serving religion?

A Concluding, Cautionary Note

Polarities as a Balanced Whole

The above three pairs of opposites represent polarities. Polarities stand for opposite ends that actually belong together and function as interdependent poles of a balanced whole. Mounting strength at one polar end will activate the opposite pole. Tillich interprets the

meaning of “the courage to be” in the context of existential anxiety (1952); without anxiety no courage. Erikson does not regard trust and doubt mutually exclusive but advocates “the firm establishment of enduring patterns for the balance of basic trust over basic mistrust” 1980, 64, 65.

Question:

How could you interpret the polar interdependency for the remaining pairs of opposites:

- Comprehensive versus Restrictive Religion
- Intrinsic versus Extrinsic Religion

IV. Assessments of Spiritual and Religious Functioning

Following William James a number of questions have been raised for appraising mature religion. After years of decline in psychology of religion studies, a renewed interest in the meaning and prevalence of religion and spirituality has developed. Some of the questions that have been asked in assessing the shape and functionality of religion and/or spirituality include whether it is:

- 1) *Primary*: a sense of compelling subjective need
- 2) *Fresh*: a feeling of curiosity and cosmic wonder
- 3) *Meaningful*: a source of purpose and motivation for life
- 4) *Integrative*: a connection to outer and inner life experience and one’s self
- 5) *Communal*: a commitment to others and the common good
- 6) *Growing*: an experience of a widening world and deepening reflection
- 7) *Creative*: an exercise of uniqueness and spontaneity in the art of living

An Exercise

In constructing your own list of questions how would you:

- edit the list above and its definitions
- prioritise in terms of what you consider most to least essential
- amplify or condense the list
- frame and format appraisal questions that you are comfortable with asking in the practice of spiritual care

In line with these questions, Paul Pruyser designed “guidelines for pastoral diagnosis” that are regularly used in the practice of spiritual care as an assessment tool.²⁶ In his *The Minister as Diagnostician* he playfully proposes a set of “diagnostic variables for pastoral assessment” across seven dimensions of spiritual/religious experience. Utilizing mainly Pruyser’s own words these themes can be briefly summarized as follows:

1. *Awareness of the Holy.*

What is sacred to this person? Is there anything the person regards as untouchable or inscrutable? Does he/she present as one who is ultimately dependent on a power or force beyond the self, or is the person greatly self-inflated and prepossessed? Is there a dry,

unemotional factualness that shies away from any mystery and rules out anything transcendent?

2. *Providence*

Does the person perceive a divine purpose in one's life and believe that one's world is ultimately benevolent? Does the person have a sense of basic trust? Does he or she believe that reliance on divine guidance implies a deficiency in personal competence?

3. *Faith*

Is the person's attitude toward life affirming or negating? Does he or she experience faith as enlarging – i.e. activating talents, stimulating curiosity, widening the scope of engagements – or as binding and constricting?

4. *Grace or gratefulness*

Can the person accept kindness, generosity and acceptance, or insist on the finality of her or his own self-rejection?

5. *Repentance*

Does the person have an awareness of self as an agent in the problem he or she faces? Does the person shoulder appropriate responsibility for his or her life and able to experience remorse, regret, sorrow?

6. *Communion*

Does the person feel embedded in the groups with which she or he interacts (family, work associates, friends, faith group)? Or is the person alienated or isolated from these sources of community?

7. *Vocation*

Is the person a cheerful participant in the scheme of creation and providence, with a sense of purpose, dedication, and personal competence? Or is life stagnant and without much future?

Pruyser presents these “ordering principles” as diagnostic guidelines in spiritual care: “They should yield a picture of the person, even if only a sketch or telling fragment, from which pastoral strategies for intervention can be developed, for that is the obvious goal and basic justification of all diagnosing” (1976, 61). In conducting such an assessment no God-talk is required but what is needed is “theological alertness” while listening to patient/client's narratives about bereavement, anger, or disappointments.

Exercises

Follow the above diagnostic variables in writing

- the theological reflection of an appropriate verbatim report.
- a theological reflection on a critical moment in your own life.
- a spiritual autobiography, identifying your growing edges and recommending growth strategies and resources.

V. Religious History Interview

The following Appendices provide a sample of a religious history interview format²⁷ followed by a religious history report²⁸ based on the questionnaire.

APPENDIX 1

THE RELIGIOUS HISTORY INTERVIEW

The following religious history interview questionnaire is designed to explore:

- 1) Religious educational background.
- 2) Cognitive abilities following Piaget's developmental concepts.
- 3) Superego involvement using psychodynamic developmental theory.
- 4) Religion in the person's social system network.

The interviewer is encouraged to recognise non-verbal cues communicated by clients as well as verbal expressions. At the same time, however, the interviewer is to stay focussed on the questions and not follow lengthy diversions or attempt to counsel or advise. The purpose of the interview is to gain an overall perspective of the client's religious orientation and developmental status.

After obtaining this material the interviewer can prepare a concise report of the results according to the following outline:

- 1) Developmental Status

Here the client's history and cognitive and superego developmental status are reported.

- 2) Religion in the Social System

Here the place of religion in the client's world of interpersonal and social relationships is analysed.

- 3) Conflict Issues

Here religious conflict areas in personal life and/or relationships, and faith issues of confusion and stress are indicated.

- 4) Counselling Recommendations and Goals

As a conclusion of the report therapeutic approaches and possibilities are suggested.

C. Superego

1. Is there a divine law? What are the commandments?
2. Are these important in your life?
3. Has any of these commandments become a problem for you?
4. Why are laws necessary in life?
5. Can you think of any situations where religious laws would not apply? (e.g. lying, stealing killing in specific circumstances)
6. What do you consider the greatest sin one could commit?
7. What makes you feel guilty? How do you deal with those feelings?

III. Social History

1. What was the religion in your family of origin?
2. How did each of your parents present religion/spirituality to you?
3. What of this do you still have as part of your present belief system?
4. How do your beliefs and practices differ from your parents?
5. What other people have been significant for your religious development?
6. Were your parents involved in religious practices? How involved are they now?
7. How do you feel about attending religious services or spiritual practices?
8. How important is religious/spiritual practice in the lives of your close relatives and relations?
9. If in a couple relationship, what are your partner's views on religious/spiritual matters?
10. How do you and your partner share in religious/spiritual experiences and/or activities?
11. If in a family setting does religion/spirituality play a role in your child-rearing practices?

IV. Personal History

1. Have you had any high or low religious/spiritual experiences?
2. Have you ever felt that you committed an unpardonable sin?
3. How do you experience reconciliation and release from guilt?
4. What religious values or spiritual goals do you see for yourself?
5. What religious conflicts or spiritual needs are you aware of in your life?
6. Do you wish to deal with any of these concerns at this time of religious/spiritual care? Please specify.

V. Additional Notes

APPENDIX 3

RELIGIOUS HISTORY INTERVIEW REPORT SAMPLE

I. Identifying Data

A. Name:

Allen Herald

Age: 36 Male Married

B. Religious Affiliation

Christian Evangelical Community Church

C. Occupation

Factory worker, wife at home, 3 children, ages 7, 6, 5.

D. Presenting Problem at Hospital Admission

Depression resulting in work disability, threat of domestic violence, with periodical suicidal ideation.

II. Developmental Status

Allen was reared in a home centred in the life of the church. Ever since a child he attended religious instruction classes and regular worship services. He made his “decision for Christ” at a youth summer camp and publicly professed his faith and was baptized at 17 years of age.

He has never questioned anything that he has been taught. His view of God is of a “supreme being” who is “loving,” “reaching out,” and “helping whenever called upon in faith.” Allen sees himself as a “weak” and needy person who clings to God for his security. His guilt is not so much related to sins of commission as of omission: he feels a deep sense of inadequacy. Allen’s view of morality is conventional and concrete: he cannot conceive of a problem situation without ready answers from God in the Bible.

III. Social System

All the significant persons in Allen’s life are members of the same congregation. His religious community is a total system, the tie that binds his world of interpersonal relationships into one social network.

Related to his family of origin, Allen could be seen as the “obedient son” who emotionally has never left his family of origin. His parents are active members of the same congregation and are experienced as his primary source of support and guidance. They were the ones that in concert with the pastor arranged for Allen’s present hospitalisation. The church functions as an extended family, connecting family members and friends.

The principal “foreign” part in Allen’s social system is his employment in a local industry. Allen often feels personally attacked and ridiculed by his co-workers. Allen’s emotional difficulties appear to have surfaced at his workplace with mounting absentee rates in conjunction with physical complaints and depression, at times with some suicidal ideation.

IV. Conflict Issues

Allen shows little confidence in his intellectual ability. He puts himself down for failing in school. His main problem there seems to have been disinterest in reading. Allen still feels badly about his lack in reading, saying “I don’t read, that is my greatest downfall.” This relates to his sensed deficiency in studying religious and devotional literature.

Allen’s favorite bible character is the apostle Paul because he was so “strong in character” with his many “missionary journeys, spreading the Word.” His favorite female bible character is Priscilla because she was active in the work of charity. Both Paul and Priscilla are called his “models.”

Allen has attended “outreach” classes through which he feels “stronger in religious convictions,” with more missionary zeal and feeling “closer to my Lord.” As Paul he wants to “witness” which he has tried to do at his workplace. He also participated more in church activities as a youth counselor and collecting money for charitable causes.

It may appear that Allen is compensating for what he considers his intellectual inferiority by his religious activism. His religion is foremost a vocation to doing. Allen compares himself now to the prophet Samuel who was called by God in the night. So Allen has been called to witness. Allen sees his coming to the hospital as God’s call to be a witness and help the other patients.

This preoccupation with religious activities makes Calvin feel better about himself, in fact as a better Christian than many others. He distinguishes between two kinds of Christians: those who only attend church services and those who are “full Christians” by active participation in the church’s mission.

This competitive tension comes out in Allen’s critical attitude towards his wife Shirley whom he regards as “just a believer.” On account of his busy schedule of activities and increasing church donations there are conflicts between them. Allen interprets the marital stress as a religious problem in which he stands for what is right. He also stresses

the religious concept that a woman's role is to be obedient to her husband. He quoted the example of the biblical Ruth on account of her loyalty to her mother in law.

V. Counseling Program

Allen's defensive posture in bolstering his felt inadequacies by his activism may well result in a resistance to claim his own needs and work for personal change. His missionary outlook may also make him more interested to give rather than receive from others.

In a supportive counseling relationship, an emphasis on achievable behavioral changes may well be less threatening for Allen than an insight-oriented approach. Hopefully Allen could take himself on as his own missionary project in the course of counseling.

After some individual work, a couple counseling approach can be helpful as it encompasses the main dynamic in Allen's conflicted relations with the outside world. A task-oriented approach would likely be most in line with Allen's perceived strength.

Note

These appendices of "religious history" documents are derived from a Christian hospital in the USA in the 1970's. They were a formal and regular part of patient admissions procedure which included the religious chaplain. In other contexts this questionnaire could likely be inappropriate and unacceptable. These sample forms, however, can serve as an example how a religious history can be developed to fit a particular setting. In the practice of spiritual care and counseling, a spiritual care provider can construct his or her own outline, hold it lightly and apply in an appropriate and selective fashion.

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NOTES

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- ¹ Discussions at Tusculum (V):On the Good Life
- ² Maslow, 1970, as summarized by Wulff, 1991, 603.
- ³ Kohlberg, 1972.
- ⁴ Tillich, 1963, 30.
- ⁵ See module III, ii. *Humanistic-Existential Personality Theories*
- ⁶ Perls, Hefferline & Goodman, 1951, 230-231
- ⁷ Satir, 1972, 74
- ⁸ Rogers, 1961, 158
- ⁹ See module IV, i, *Individual Life Cycle Theory* for a contents description
- ¹⁰ 1968, 96.
- ¹¹ 1980, 54.
- ¹² 1980, 57.
- ¹³ 1980, 67
- ¹⁴ 1980, 103
- ¹⁵ 1980, 103, 104.
- ¹⁶ For a contents description see Module IV, i. *Individual Life Cycle Theory*.
- ¹⁷ See Module IV, i. *Individual Life Cycle Theory*
- ¹⁸ underlining is mine
- ¹⁹ As quoted by Fowler, 1984, 93.
- ²⁰ See Module IV, i. *Individual Life Cycle Theory*
- ²¹ See Nancy Chodorow. 1978. *The Reproduction of Mothering*.
- ²² See Pargament 1997, 362-364.

²³ See module III, ii, *Humanistic-Existential Personality Theories*.

²⁴ For a summary see Wulff, 1991, *Two Types of Piety*, 228-235.

²⁵ From Wayne Proudfoot, Ed. 2004, *William James and a Science of Religions*. Columbia University.

²⁶ For more on Pruyser's approach see module II, ii – *Spirituality in the Practice of Care*.

²⁷ In 1973 I was a student in a clinical pastoral education (CPE) residency program at Pine Rest Christian Hospital in Grand Rapids, Michigan. As a chaplain intern I was part of a multi-professional team, and one of my tasks was to conduct and write team reports on religious history interviews I had with patients as they were admitted to our psychiatric ward. I followed the religious history interview instructions and questionnaire as reproduced here with some editorial revisions to update and adjust the format to a broader context in spiritual care.

²⁸ The religious history reports were included in the clinical case materials forwarded to all members of the treatment team. The report in Appendix 3 has been modified to protect the person's identity.