Pastoral Psychology, Vol. 54, No. 5, May 2006 (© 2006)
DOI: 10.1007/s11089-005-0013-y

Children as Mystics, Activists, Sages, and Holy Fools: Understanding the Spirituality of Children and Its Significance for Clinical Work

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Published online: 23 February 2006

This article explores children's spirituality and its significance for health care providers seeking to provide "spiritually competent care" of children amidst religious and spiritual diversity. Four metaphors of different spiritualities evidenced among children are explored: mystics, activists, sages, and holy fools. The article addresses issues clinicians face such as the problem of defining spirituality in relation to religion, and countertransference around religious and spiritual matters. Current research shows that spiritual and religious involvements constitute positive factors promoting resiliency and health in children. James W. Fowler's theory of faith development facilitates an exploration of questions concerning how children develop a belief system, leading to a view of children's spirituality as multidimensional. This article preserves the less formal conversational style of an earlier version's presentation in Grand Rounds at the UCLA Medical Center's Neuropsychiatric Hospital on December 10, 2003.

KEY WORDS: children's spirituality; spiritually competent care; faith development theory; resiliency.

INTRODUCTION: DOES THE NEED TO OFFER SPIRITUALLY COMPETENT CARE APPLY TO CHILDREN?

Children's spirituality, while not a new topic for pastoral care or religious education, is gaining new attention in both clinical and theological literature as an important dimension of childhood and a significant aspect of caring for children.

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In health care, this new attention to the subject of children's spirituality follows upon a generalized renewed emphasis on providing persons with "spiritually competent care," that is, health care sensitive to the variety of forms in which persons experience and live out their religious and/or spiritual beliefs, and which seeks to engage their spirituality as a resource for healing. Following closely on the heels of the contemporary movement toward cultural competency in health care, spiritually competent care rests on the recognition that there exists great diversity in the religious and spiritual perspectives of persons seeking mental health treatment, requiring practitioners to develop a basic knowledge about and appreciation for those perspectives different from their own, as well as having some kind of general framework for understanding spirituality in relation to holistic care of persons.

Understanding and engaging children's spirituality may be particularly challenging for some practitioners unaccustomed to thinking about the religious and spiritual lives of children as having much significance. After all, children's religious insights are often brushed off as being "cute," precocious, or merely mimicking adults, rather being taken as important truths. Their beliefs may be expressed in non-verbal forms that are easily misrecognized. And even their capacities for spiritual awareness may not be acknowledged. In what follows, I intend to offer a basic framework for thinking about the spirituality of children in the context of health care, beginning with four images to guide a way of seeing children's spirituality in a variety of forms: children as mystics, activists, sages, and holy fools. I intend these images as one set of metaphors-in-process, incomplete word pictures that perhaps can help us to think about children's spirituality in some new ways. They are not intended to be prescriptive models into which all children's spirituality must fit, nor do these four images purport to offer a complete picture of the landscape of children's spirituality. Instead, they are partial yet concrete images intended to lend some guidance to the effort to think about what the spirituality of children looks like in the context of health care.

FOUR METAPHORS FOR CHILDREN'S SPIRITUALITY

The images of children as mystics, activists, sages and holy fools express some of the dimensions children's spirituality may take. Each of these words can be found in Christian tradition, which is the place from which I draw them, although they each have parallels in other religious traditions as well. I "found" these four images when reflecting upon various encounters with children from ethnographic research in protestant congregations, and in clinical work with children, as I looked for some ways to name what I observed as a spiritual practice or expression in a child.

The first image is that of the child as *mystic*. So many adults describe significant and memorable childhood experiences of being in-touch with mystery, with the numinous, that it becomes difficult even for the non-Jungians among us (myself included!) to totally discount the claim articulated by Jung concerning his

child archetype that children's lives touch holiness—that they are lives connected with mystery. A seven-year-old boy in one congregation, for example, spoke with utter sincerity of recognizing Jesus when he heard about him in church because the descriptions fit the way he knew Jesus before he was born. "I used to know him, but when I was born from my mama's tummy I forgot about him for a while. Then we came here [to church] and I remembered him. But he seems too serious here." Another child reported a dream in which she saw the face of God, "not really a face like we have, but sort of like a big open smile of love for me and everyone, especially the children in Afghanistan." Many children spoke of or created artistic depictions of experiences of feeling close to God that have the quality of a "big dream" (Mercer, 2003) in the sense of limitlessness, ultimacy, vastness, or cosmic reality they involve. An important dimension in the spirituality of many children is that of being in touch with mystery.

The *activist* metaphor describes those children whose spiritual lives take shape primarily in relation to action. For some, this carries the adult political connotation usually associated with the term activist, as in eleven year old Jenny, from a small town congregation who participates in antiwar protests with her family and friends in San Francisco because "it shows what I believe and it's what God wants me to do." She saves money to send to a woman she knows in South Africa, to help her send her eleven year old daughter to school. Jenny's political involvements flow from her spirituality as practices, and are supported and nurtured by a family environment where activism is affirmed. It would be a mistake to see these as the mere mimicking of parental values. Jenny "owns" her activism in a self-conscious way. "Already I want my life to be for something," she wrote in a school paper describing the motivations for her activism. Activist children experience their spirituality in practices that they can directly relate to some value or truth they wish to express.

For other children, the activist metaphor depicts an experience and expression of spirituality that is largely kinesthetic, experienced in physical activity of movement and sport. Daniel, nine years old, was described by his mother as "going into ecstasy when he plays soccer—he 'becomes one' with the soccer game and it takes him to another level of consciousness." Daniel simply said, "I love how I feel when I run after the ball, when I pass it to somebody or when I get the ball. It's a rush. I'm so free. Last night we forgot to stop playing even when it was dark. I go into 'soccer world' and it's like a different reality or something, more than just me or any one person. It's like I can feel God inside my legs, helping me run." Daniel's utter joy in the bodily experience of the game is at once a deeply physical encounter with material reality and also an experience of transcendence to another level of existence beyond ordinary experience.

The image of the *child-sage* depicts a "knowing beyond one's years" kind of spirituality. I observed a child offer comfort and care to an elderly grieving woman who was virtually being ignored by adult members of the congregation who seemed overwhelmed by her loss (the recent death of her husband) and uncertain about how to interact with her. The child was a five-year-old Korean

American boy. After asking his mother why the older woman looked so sad, he walked straight to her, sat down beside her and said, "I felt sad like you when my cat died, and no one wanted me to talk about it so I talked about it with God. You can do that too, but if you want to talk to somebody in person, I can be your friend." The dimension of children's spirituality expressed by the sage metaphor is that of great insight, whether into the nature of life itself, as with this child, or as insight into persons through deep empathy.

Holy Fools are a category of people who appear in various times and cultures, as prophetic voices and truth tellers whose sting is hidden in humor or buffoonery. Think of medieval court jesters who alone could tell a king of his stupidity, couched in a joke. In terms of children's spirituality, the Holy Fool metaphor unfortunately shows up frequently in the many kinds of "Art Linkletter/Children Say the Darndest Things" ways adults have of treating children as cute and amusing little people, or as utilitarian objects. I really dislike these situations that objectify children in these ways; nevertheless the Holy Fool image carries an element of resistance within it.

For instance, in one congregation a child, looking bewildered about why her response to the pastor's question during the children's sermon had caused the adults to laugh loudly, spoke just audibly enough that her voice was picked up by the microphone as she and the other children left the church, saying "the pastor thinks they are laughing at me, but 'Mrs. Smith' says it's because the children's sermon is the only thing he does that anyone understands." This child could name what adults in the congregation were too "polite" or too afraid to name (the pastor was not communicating well), and at the same time resists the efforts of adults' laughter to belittle her attempt to respond to the pastor's question to children in good faith out of her own experience. Another child, asked teasingly about where she got her curly blond hair, replied in utter seriousness, "From God." Adults laughing at the apparent cuteness of her remark missed the hurt look on her face, as they missed the wisdom in her simply-stated epiphany that of course one's hair—and, implied, everything else about a person—comes from the creator of all life. After a moment, she quietly interjected, "You're grownups. Don't you know about God?" inadvertently laying bare the truth that many adults have only a passing familiarity with the core stories and traditions of their faith.

With these four images, I am suggesting that the spirituality of children is a colorful, multidimensional, and significant feature of their lives that needs to be taken into account to provide holistic care for children and their families. With that in mind, I will now turn to consider some of the issues making children's spirituality a difficult subject for some health care practitioners.

ISSUES IN CONSIDERING RELIGIOUS AND SPIRITUAL FACTORS IN HEALTH CARE

Among the issues involved in addressing religious and spiritual factors in clinical work with children and adolescents is the sticky wicket of definitions:

there is no agreement on how to define spirituality or religion, meaning among other things that these concepts are difficult to operationalize as research domains, particularly in contexts that tend to place higher value on quantitative measures of investigation. Most research on spirituality is qualitative, and necessarily so. Spirituality and religion are, after all, rather large elements in human life, elements that constitute the very world-views through which persons organize and interpret their experiences, and attempt to live out their deep yearnings and desires. Such elements are difficult to define and harder still to measure. Those of you familiar with psychiatrist Robert Coles' book *The Spiritual Life of Children* (1990) may find it interesting and somewhat ironic that Coles writes 350 pages on the subject without ever offering a clear definition of what he means by the word spiritual!

A second issue concerns the relationship between the terms "spiritual" and "religious," a highly contested and complex terrain. For at least the past four decades, changing patterns of religious affiliation and experimentation; a heightened awareness of, if not actual development of, religious pluralism; and research in the psychology of religion (not to mention various other factors such as 12-step recovery programs) have opened a discourse of spirituality as distinct from religion. "I'm not religious but I am very spiritual," is a commonly heard phrase these days. Such a distinction between religion and spirituality can be particularly helpful in health care settings where spiritual and religious caregivers as well as other clinicians need to attentively and sensitively work across differences in belief systems.

And yet, even this helpful distinction can become problematic when it turns into a rigid dualism requiring a splitting, as in "religion equals bad/dogmatic/oppressive" and "spirituality equals good/open/freeing." Martin Ashley (2002, p. 257) is probably right when he calls the movement to separate spirituality and religion "the new orthodoxy of the 1990's." Barnes (Barnes, Plotnikoff, Fox, & Pendleton, 2000, p. 900) and her colleagues convincingly assert on the basis of their clinical studies with children that "in connection with children we suggest that these two concepts are best understood as highly related with blurred boundaries in everyday life ... Children in particular do not make sharp distinctions between spirituality and religion." Similarly, McEvoy (2003) advocates for understanding the concepts of religion, spirituality, and culture as tightly bound to one another in meanings and impact for pediatric care. In other words, adults may "over-value" the distinction between religion and spirituality in ways not relevant to the experiences of children. I recently overheard a health care practitioner remark that he felt free to ignore a family's religious heritage when taking a clinical history because "that is just negative ideology imposed on the child and doesn't really speak to her true spirituality." While I applaud this clinician's positive intent to pay attention to the child's own sense of ultimacy and depth experience of meaning, I am fairly certain that her family's religious experience has some bearing on it.

It may be that a number of the primary ways of talking about spirituality and religion among adults do not quite fit for children, since many of these concern cognitive and linguistic abstractions such as the fine points of distinguishing between a person's spiritual life and their religious life. Yet it would be a mistake to assume that such a linguistic disjunction means that children are neither spiritual nor religious, or that the religion and spirituality have little bearing on one another except as positive and negative antitheses of the same phenomenon.

That brings us to the third issue I want to place on the table that can be a problem in considering spirituality of children. It is the issue of counter transference around religious and spiritual matters. As adults, each one of us is positioned in some particular way in relation to these matters and has something at stake—even those who have decided not to practice any particular religion or affirm any kind of spirituality do so against a backdrop of experiences and thought perspectives shaping such choices. And of course we bring those choices to our engagements with children, youth, and their families.

Mental health practitioners, like their patients, stand within particular religious and cultural traditions, including that of intentional and/or "de facto" non-religiosity, that have bearing on relationships in treatment. By de-facto non-religiosity, I refer to persons who adopt a stance of non-religiosity simply through the inertia of not being reflective about such matters, rather than out of antipathy or conscious decision not to practice within a particular religious tradition. How clinicians and patients see each other, including their religious identities, will affect their therapeutic alliance and the kind of information disclosed or not disclosed, as well as a family's response to treatment.

A clinical nurse practitioner I know grew up in a very traditional Roman Catholic family, before adopting the Unitarian Universalist faith in adulthood. She acknowledges that when she encounters some traditional Catholic families, she has difficulty taking seriously the possibility that their practices such as praying the rosary, lighting candles and calling on the help of various saints function as a resource for healing, because of negative associations these practices hold from her personal history with them. She realized her own issues were getting in the way of her provision of good medical care one day when the Catholic father of a child named John who was on the waiting list for a liver transplant said to her, "it is obvious that you see our faith as so much superstition. But since it doesn't matter to you one way or the other, could you at least not smirk when we pray, in the unlikely-to-you event that praying might help what we are all trying to do for John?" This nurse practitioner told me that in the same way that she "brackets" other family-of-origin issues tapped into by interactions with patients, using the awareness and parallels from her own experiences as resources for providing care but working to keep unhealthy and inappropriate transferences from negatively impacting her care, she has learned to attend to the counter transference issues involved with religion. It strikes me as a good analogy and a helpful strategy.

Richards and Bergin (2000, p. 18), calling for therapists to become "spiritually competent caregivers" list numerous characteristics of what they term "effective ecumenical psychotherapy" (i.e., knowledgeable about and able to work with persons of diverse faith traditions), including: being able to communicate interest, understanding, and respect to persons with different religious perspectives than the therapist; working to understand how a person's spirituality affects their level of functioning and sense of identity, while also being aware of how the therapist's own religious beliefs may create biases in judgment; and encouraging persons to make use of spiritual and religious resources in their efforts, as Richards and Bergin put it, to grow, cope, heal, and change.

A DEFINITION OF CHILDREN'S SPIRITUALITY

And so, having identified some of the issues that make spirituality a complex matter to discuss, I will now dare to discuss it! Eugene Peterson (2003, p. 30) from his perspective within Christian spirituality notes that the current usefulness of term spirituality is not in its precision but rather in the way it names something indefinable yet quite recognizable: "transcendence vaguely intermingled with intimacy." Peterson and other participants in the current conversation concerning to what exactly spirituality refers agree on at least this one feature: it concerns everyday lives, material reality, and close relationships, at the same time that it concerns some depth dimension of reality that transcends all of these.

David Hay and Rebecca Nye, British researchers at Nottingham (UK) University Children's Spirituality Project, study six- and ten- year old children in primary schools, presenting them with photographs of what they call "existential situations"—a child crying, a person observing sunlight breaking through clouds—in order to stimulate reflection from children about spiritual issues that the researchers believe are not necessarily religious in content. Their subsequent analysis of these interviews (primarily with Muslim and Christian children) defines children's spirituality as "relational consciousness," exhibited in four dimensions: between self and God or some horizon of transcendence; between self and other people; between self and world; and last, children's consciousness of relationship with themselves (Hay & Nye, 1998; Hay, 2000).

I will expand on some further nuances of what spirituality means, but for now, I take Hay's very simple statement that *relational consciousness* is the core of children's spirituality as a good working definition when we keep in mind that the four dimensions of relationships named by Hay (God/Mystery/Transcendence, others, world, and self) point us to spirituality as concerned with the deepest levels of human experiencing, the places of ultimacy, value, and deepest meaning in and for our lives.

What exactly does it mean to speak of spirituality defined as relational consciousness? As is the case with art, the language of spirituality is an attempt to give expression to something that defies or resists language. The image of the child as Mystic comes to mind, as that term connotes one who possesses an awareness of things that are intangible, cannot really be spoken of with clarity, and yet are experienced as real.

For years, persons working with children in various clinical settings have noted the preponderance of stories in which children articulate some sense of awareness or of connection to a reality not contained within the realm of their immediate sensory world or within themselves. This transcendence has been variously called a "big dream, "the numinous," an experience of mystery, or simply a child's awareness of some power beyond himself or herself.

One ten year old child I interviewed who attended a Sufi school in California spoke of an early childhood experience of her awareness upon looking out upon the ocean's horizon, of a "big out there" existence that she felt small in comparison to, and yet connected with, nevertheless. Mystic children have a spirituality strongly marked by such experiences, which may often be dismissed by adults as simply the products of overactive childhood imaginations.

As I attempt to flesh out Hay and Nye's notion of children's spirituality as relational consciousness, then, I discover five elements within this notion crucial to my working understanding of children's spirituality that, taken alongside the four images described above, offer a kind of phenomenology of children's spirituality. (These may well apply to an understanding of adult spirituality too, but I am restricting my focus to children for purposes of this discussion.) First, children's spirituality is based in experience. It is not primarily *words about* a phenomenon that mark spirituality, but the experience itself. Second, there is some sense of heightened awareness involved, a level of attention to the experience, a sense of "being in touch" with something big or important or ultimate. Hay (2000) chooses the word "consciousness," as in relational consciousness to speak of what I am calling heightened awareness. Of course the problem with both terms is that they may give a cognitive-sounding tone to something that may or may not involve rational cognition.

The third feature I will name here concerns the particular kind of experience and awareness had by children. Children, along with adults offering retrospective reports of childhood experiences, refer to their awareness of an encounter with transcendence or mystery, awe, and wonder. Descriptions in fact generally point to an experience of a horizon or a presence that cannot be reduced to rational cognition or even to the language attempting to express it. Spirituality refers to creative, imaginative dimensions of human selfhood, and while it can and must be reflected upon directly through language, certain "alternative languages" such as art, music, drama, and dreams also come to the foreground in expressing the ineffable.

Fourth, spirituality positions persons in relation to these encounters: it is about relationships. It concerns one's sense of relatedness to self, to others, to those "centers of value and power" (Fowler, 1981) that shape meanings in the lives of persons. And last, children's spirituality involves reflective symbolization, or the ability to have a perspective upon and make meaning of the relationships and experiences featured in the child's awareness. However, these capacities relate more to the cognitive-rational dimension of spiritual experience and as such may appear quite different than they do in adult spirituality.

One final comment about definitions: there is a tendency in the literature of children's religious and spiritual lives, to put forward a particular construction of childhood and of their spiritual experience as normative—namely, the picture of the child as innocence, and of childhood spirituality as principally about some ethereal and otherworldly but positive sense of awe and wonder. I have written elsewhere (Mercer, 2003) about some of the sources of these spiritualities, as found in Jung and Freud's constructions of childhood. Many of these perspectives sound very middle class, perhaps very "Anglo" in tone. While children's spirituality certainly may include those things, there is also a "shadow side" to spirituality that is a large part of the lived reality of many children, and that is at least some small part of the experience of every child. Children across various ages and cultures experience some version of "monster fear," for example, and must deal with an inner world and perhaps an external environment as well, populated by frightening powerful creatures. The shadow side of children's spiritual experience concerns chaos and struggle, resistance, fear, evil, and suffering. For children suffering the effects of poverty, relational deprivation, violence, or serious illness, encounters with mystery and ultimacy may relate more to being on the edge of survival than to the brightness and light often imaged in the language of awe and wonder.

Sometimes the relational consciousness of a child's spirituality comes through in their struggle amidst seriously dysfunctional relationships in a family, or struggling efforts to find adequate mirroring in the eyes of a parent addicted to chemicals. When we are attempting to learn about or understand the spiritual lives of children, then, we need to listen not only for angel's footsteps but also for the ways children wrestle with demons (figurative and existentially encountered).

CURRENT RESEARCH ON CHILDREN'S SPIRITUALITY

In my experience both as a clinical social worker and as a chaplain in various pediatric and adolescent medical and mental health settings, it often seemed that most of the attention given to religion and spirituality occurred in relation to *the barriers* a person or family's religious beliefs presented in treatment and decision making: the issue of blood transfusions for a child in a Jehovah's Witness family; a family offering religious legitimation for harsh or abusive treatment of a child;

an adolescent girl faced with a decision about terminating her pregnancy against the religious beliefs held by her parents about abortion; depression and other mental health difficulties in relation to a religiously stigmatized sexual orientation or incongruent gender role; or a family's conflicted decision making around the appropriate time for the termination of life support, to offer only a few examples. Most often, these "barrier experiences" concern a particular religious belief or doctrine, so that it is easy for religion to appear to be the negative term in the equation of a person's health and functioning, which might then appear to be solvable by splitting off spirituality from religion.

As I suggested earlier, though, one way to conceptualize the relationship between religion and spirituality views religions as particular and culturally situated embodiments of human spirituality. That is, within the kinds of religious perspectives identified above that present themselves as barriers or problems in health care, there are deep spiritual truths embedded. These include truths such as the conviction that human life has special and enduring value and meaning (even though we may argue about its beginnings and endings and how best to affirm its uniqueness). The kinds of religious convictions that often bring families into conflict among themselves and with medical professionals make plain the power of seemingly ordinary, everyday life experiences (like the parenting of children or how we prepare and eat meals) to embody our concepts of what is sacred. We cannot necessarily help persons deal with religious or spiritual issues by passing judgment upon or avoiding work with the difficult and sometimes objectionable ways particular religious systems express the spiritual.

Clearly, religion and spirituality alike can be maladaptive and problematic in human experience and in health care in their distortions. What must be recognized, however, is that religion and spirituality are not in themselves inherently maladaptive, and that in fact there is an emerging body of literature that points to significant connections between children's religion/spirituality and their emotional and physical well-being. I will mention briefly three of the key concepts from this emerging body of research that stand out in their salience for health care with children, youth, and their families.

The first of these is no doubt quite familiar: Religious and spiritual participation by children and youth promotes *resiliency* in the face of various difficulties, and in particular relates positively to a child or adolescents' ability to cope adaptively with illness (Hackney & Sanders, 2003; Resnick, Harris, & Blum, 1993; Resnick et al., 1997; Wallace & Forman, 1998; Miller & Gur, 2002; Wegener, Furrow, Ebstyne King, Leffert, & Benson, 2003).

A considerable body of literature now exists documenting the positive association between adolescent participation in a faith community and various measures of resiliency, or the ability to "bounce back" from adversity or cope with an illness. For example, a recent qualitative study by Pendleton, Cavalli, Pargament, and Nasr

(2002) identifies eleven religious/spiritual coping strategies utilized adaptively by children with cystic fibrosis. Clearly, that aspect of spirituality that concerns the human capacity to move beyond the self and its limitations comes into play here as a resource for persons to move through or rise up beyond a particular experience of pain and suffering.

A second concept emerging in the research on children's spirituality concerns a positive relationship between spirituality or religious involvement and health-promoting behaviors. This concept, which I will label the preventative or protective feature of children's spirituality, refers to the ways religion and spirituality appear to have a proactive positive impact on health. This may happen through the presence of underlying beliefs and/or values-orientations that function protectively to promote healthy behaviors (e.g., the idea that care of one's body is an expression of faithfulness to God or to Life, such that a person avoids certain destructive behaviors deemed harmful to the body, such as smoking). For instance, adolescent religious involvement appears positively associated with measures of physical health such as exercise, healthy diet, good sleep habits, and a lower rate of engaging in high-risk behaviors. (Garmezy, 1991; Jessor, 1991; Wallace & Forman, 1998; Pendleton et al., 2002; Wegener et al., 2003) Spiritual or religious involvement also comprises a protective factor in relation to depression among adolescent girls. (Miller & Gur, 2002). While several recent studies of religion and adolescent self-esteem show essentially no relationship, it remains the case at the same time that "none show evidence for a negative relationship between the two" (Benson, Donahue, & Erickson, 1989, p. 173).

Alternatively, the preventative aspect of children's spirituality may come through secondary effects of religious/spiritual participation such as social support known to be a key factor in prevention of many illnesses. Wendy Haight's (1998) sociocultural study of children in an African American congregation identifies spirituality and the children's participation in their faith community as a protective factor. Mahohey and colleagues (Mahoney, Pargament, Tarakeshwar, & Swank, 2001, p. 566) reviewing empirical studies that link religion, parenting and marriage, cite the finding in their meta-analysis that greater frequency of church attendance is associated with lower divorce rates, which (in the absence of gross dysfunction or family violence) may function to stabilize family systems in a health supporting, preventative way.

In addition to studies on the adaptive health effects of children's own participation in faith communities, Varon and Riley (1999) found that *maternal* participation in religious services was associated with greater overall life satisfaction, more involvement with family, and better skills for solving health-related problems among a randomly selected sample of 143 public school youth ages 11–13. They theorize that the mother's participation in religious services provides an organizing routine and a social network that has a stabilizing impact on the family system.

It may be that the best measure of the preventative status of children's spirituality and religion has yet to be researched, but concerns the hopeful dreams and desires parents have for their children, sought out in places of worship and communities of spiritual sojourners. Writer Anne Lamott (1999, pp. 99–105) in her wonderful book *Traveling Mercies: Some Thoughts on Faith's* chapter called "Why I Make Sam Go to Church" expresses it best:

> You might wonder why I make this strapping, exuberant boy come with me most weeks, and if you were to ask, this is what I would say. I make him because I can. I outweigh him by nearly seventy-five pounds. But that is only part of it. The main reason is that I want to give him what I found in the world, which is to say a path and a little light to see by. Most of the people I know who have what I want—which is to say, purpose, heart, balance, gratitude, joy—are people with a deep sense of spirituality. They are people in community, who pray, or practice their faith . . . They follow a brighter light than the glimmer of their own candle; they are part of something beautiful . . . Our funky little church is filled with people who are working for peace and freedom, who are out there on the streets and inside praying . . . That is why I make Sam go to church. (pp. 99–105)

Lamott wants her son go to church because she wants him to be around others who embody her vision of the Good. She recognizes the power of such a community to shape the vocation and identity of her son toward something bigger than he can construct from within himself alone. Faith communities are powerful forces in the shaping of human identity and wellbeing, and more research is needed there. Health care practitioners, accustomed to thinking individualistically in terms of discreet professional caregiver's involvements with a patient, may neglect the powerful role communities—including faith communities—may play in healing and restoration of children.

A third concept significant for health care with children that stems from current research on children's spirituality and religion connects significantly with what Lamott expressed above, as it concerns the functioning of religious and spiritual perspectives as *worldviews*. Worldviews are our internalized frames of reference, the social, cultural, and familial perspectives through which we give meaning to life experiences. Studies by Pargament (1997) and others address the power of religion and spirituality to operate as resources of coping and healing, as they impact how families make sense of and respond to illness, parenting, and to various kinds of treatment. Persons do not simply experience religious faith or spirituality as isolated beliefs to affirm or reject, but instead these constitute "reality maps" or systems of meaning for making sense of the world.

In conversations with children from three protestant congregations I have been studying, one child, for example, spoke one day of "having communion" in her kindergarten class. Knowing that she attended a public school, I was dubious about this so I asked her to tell me more. "We baked bread and then we sang a blessing and ate it. Then we gave some to the class next door because they didn't have any and were hungry too. I had a fight with my friend, but afterwards I

gave her a piece of my bread and she ate it and we made up. And we all went outside to play." Anyone familiar with the Christian sacrament of the Eucharist will recognize in her words the familiar pattern of blessing and breaking bread, sharing it together and with others, giving and receiving forgiveness, and going out into the world to live lives marked by grace. For this child, who has never had a theology class, religious meanings are imbedded in a way of seeing reality, such that all sharing of bread becomes an experience of Eucharist, and everyday realities like making up with a classmate receive their meaning in light of that world view.

A child's spirituality has an inner and individual dimension, that is, occurring within the child's interior experience. It also involves an outer and communal dimension, that is, enacted as a way of being in the world, as part of a family system, and as embodied in particular practices that are socially constructed. Sheryl Kujawa-Holbrook (2001, p. 302), speaking from her context within Anglican Christian spirituality, puts it well when she says, "Children and Adults develop spirituality in a way that is consistent with their gender, race, ethnicity, social class, abilities, and limitations, etc. Spirituality reflects the values and attitudes of people, as well as their historical and social-cultural contexts." Accordingly, spirituality and religion constitute particular worldviews or meaning perspectives out of which families make sense of their experiences, including their children's physical and mental illnesses. Clearly, children's spiritual and religious frameworks can be an important resource in their and treatment. Given the positive potentials in children's religious and spiritual lives in relation to health care with them, we might well inquire as to how it is that children come to have a belief system of whatever kind in the first place.

THE EMERGENCE OF A CHILD'S BELIEF SYSTEM

It is tempting for some to think of children as sponge like, absorbing the religious and spiritual content that the adults around them choose to offer, such that the spirituality of children becomes primarily a reflection of the beliefs of adults. Others suggest that children's lives, values, and meaning making take shape primarily in relation to social forces around them so that their spirituality becomes primarily a reflection of a particular community's or society's core values. While not wanting to discount the very significant role that adults or communal-social forces have in shaping the spiritual lives of children, my own research with children along with that of others (Boyatzis & Janicki, 2003; Yust, 2003) confirms that children actively participate in constructing their spiritual lives, making use of the variety of "materials" available in their inner lives (including what Yust calls "the stirring of imagination") and external worlds to bring some meaning and order to their experiences.

HOW DO CHILDREN ACQUIRE A BELIEF SYSTEM?

The work of James W. Fowler's (Fowler, 1995, 1996) faith development research is well known as one model for thinking about how faith takes shape in persons at different ages. While Fowler's theory has been critiqued as being overly cognitive in orientation, hierarchical, and, in post-modern terms, presenting a grand theory, Fowler's work provides a helpful starting point in the search for a general framework for understanding children's spirituality in health care contexts.

Briefly, Fowler identifies six developmental stages occurring across the human life cycle, asserting that faith and identity evolve in conjunction with cognitive, psychosocial, and moral developmental capacities.

While the capacity for faith or spirituality is a universal and innate human capacity for Fowler—he says that infants come into the world "pre-potentiated for faith" (1996, pp. 25–26)—persons develop and grow in their lives of faith in relation to the interaction between underlying developmental structures and the particular environment in which their lives unfold. The spirituality of an eight year old looks different from that of most thirty-five year olds, then, in large measure because an eight year old's cognitive capacities for symbolization and rationality, the underlying psychosocial tasks of their developmental stage, and their capacities for moral reasoning differ significantly. According to Fowler, the eight year old is no less spiritual than the thirty-five year old—but an eight-year-old child experiences and expresses spirituality according to his/her developmental capacities that (hopefully) differs from that of the thirty-five year old.

By studying the underlying developmental structures that provide the "scaffolding" for faith to unfold in persons, Fowler recognizes the three stages most closely associated with infancy and childhood as crucial times for the development of life affirming and sustaining spirituality. Concomitantly, just as failures in one's relational or physical environment can have a negative impact on other processes of human development affecting cognitive or emotional well-being, so too can such deficits have a negative impact on the formation of a person's belief system in early childhood.

Fowler pays close attention, for example to the process of "mirroring" in which infants begin to internalize the image of themselves as loved and as worthy, mirrored to them in the gaze of their parental caregivers, who become part of the material out of which early God representations are formed within the very young child. In such a positive and adequate early experience of mirroring may be found the beginnings of moral-spiritual capacities for healthy self-esteem but also for other-regard and for empathy, and for a concept of God or non-theistically of an "ultimate environment" that is unconditionally loving, caring, and trustworthy. Less adequate mirroring, or an experience in which the infant identifies with aggression and hostility in the parent's gaze, can arrest faith as it short circuits empathy with shame and an internalized sense of self as unworthy of regard, and

with an early God-representation that is capricious and untrustworthy (see also Rizzuto, 1980).

In a similar way, Fowler's faith development theory asserts the beginning of human capacities for ritualization (the formal and informal patterns of action that help to organize and give meaning to human experience) in the everyday somatic interactive ritual experiences of infant care—feeding, bathing, clothing, soothing. The rudimentary building blocks of our adult religious capacities to construct meaning through ritual can be seen, Fowler contends following the work of Daniel Stern (1985), in the way diaper changing or bathing practices become "generalized" into experiences of one's environment as trustworthy and having some degree of coherence, bringing order and meaning to the infant's experience. Certainly for some clinical practitioners, the term ritual connotes a set of mindless and empty acts of religiosity, a meaningless going through the motions. That is not the reference here: instead, ritual refers to the human behavior of giving meaning to experiences, especially transitions and connections through repeated patterns of action. As Wendy Wright puts it, "Rituals are the pathways we tread to mark both the social and cosmic order of things" (2003, p. 79). As the mother of three young children, I quickly think of Margaret Wise Brown's book *Goodnight Moon* (Brown & Hurd, 1991) which tells in words and pictures the child's ritual of transition to sleep, signaled in the ritually patterned, nightly act of saying goodnight to every one and everything in the room.

What are some implications of Fowler's work for an understanding of children's spiritual lives? First, whether or not one finds Fowler's model of faith stages convincing, his research and theory provide a way for thinking about how human capacities for spirituality necessarily take shape in relation to the various developmental capacities of different ages. A person with developmental capacities for abstract thinking will be able to generate and articulate theological ideas or spiritual frameworks at a different level of complexity (for example, one involving a paradox such as the Buddhist notion that self-emptying is a pathway to enlightenment, or the Christian perspective that real strength and power are found in one's woundedness) than will a person with developmental capacities for concrete operational thought. Conversely it may follow that certain other human capacities hinge upon spiritual development in some crucial way, a connection that needs further investigation.

Second, Fowler's faith development theory, by positing a view of how healthy faith develops in conjunction with other human developmental capacities, offers a way of thinking about how persons may become "arrested" in their faith, stopping development or becoming stuck along the way. If, for example, the establishment of rudimentary trust in an ultimate environment is required for the infant's pre-potentiated faith to be awakened as the foundation for further spiritual development, then what of the person born into an environment that is relationally untrustworthy, or otherwise unreliable? Repair of the

lack, or compensation for it, must happen for growth in faith to continue to evolve.

PICTURING DIMENSIONS OF SPIRITUALITY

Figure 1 is an effort to visualize several of these dimensions of spirituality that can also point out an important distinction between the spiritualities of adults and that of children. The background or field for the figures upholds concrete practices as the way spirituality takes shape, and particular cultural contexts as the environments in which human spiritual capacities are awakened, come into being, and are given particular form. In the first orb is this sense of an ultimate horizon of meaning, which theistic traditions talk about as God, Mystery, transcendence, "the more" or "the beyond" to human experience. This encounter with Mystery is ineffable on some level—it does not yield easily to expression in language—and yet it is a feature of human life well known across time and depicted in art, literature, and ritual.

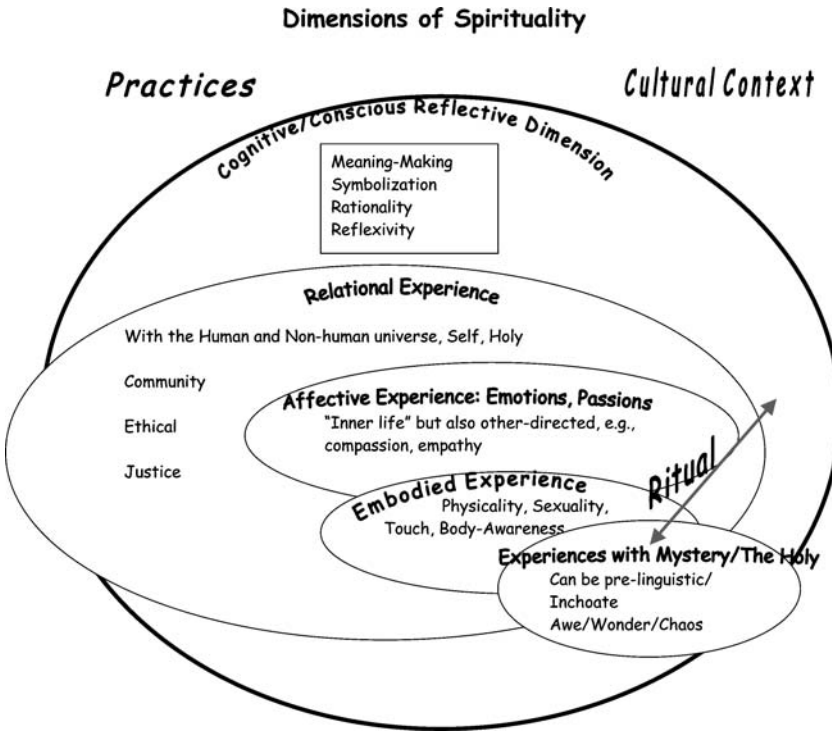

Fig. 1

The second orb or layer in this diagram concerns physicality: embodied experiences of movement, sexuality, and physical limitation. This dimension relates to very early and foundational spiritual experiences such as those named by Fowler in somatic experiences and interactional patterns of infancy, but it also is an important dimension in adult spirituality if not repressed.

The next dimension of spirituality depicted here is the affective dimension, involving the passions and feelings, including experiences with the moral emotions of empathy, compassion, share, and guilt.

Then we see relational dimensions of spiritual life identified, which include ways of being in community with others, and the ethical dimension of how right relationships are understood and enacted.

Finally, there appears the dimension of spirituality concerning rational cognition: the experience of cognitive reflection upon and symbolization through language and other means of spirituality.

It is possible to speak about these dimensions taking place at both communal and individual levels, and involving both a person's inner life (e.g., internal experience or awareness or reflection) and outer life (e.g., the various practices and externalized means through which a person embodies the spiritual in everyday living). Within the ecology of relationships/experiences/meanings that constitute spirituality, ritual often functions to hold various dimensions together (as in the case of table practices in which persons act in patterned and predictable ways that hold together the physical-bodily experience of eating with relational and affective significances, for example).

One of the limitations of Fowler's work is his insistence that, as a structural developmental theory, stages of faith are invariant, sequential, and hierarchical in their depictions of an underlying "patterned operation of knowing and valuing" (Fowler, 1995, 1996, p. 56). Such perspectives can come to be used prescriptively, taking the form of grand theory apart from any particularity of context, rather than as descriptive hypothesis in need of testing, contexting, and nuance. My diagram of the dimensions of spirituality, in contrast, is not attempting to suggest stages or a directional flow, but simply to paint an image of several of the key dimensions to spiritual life. And yet I also acknowledge a debt to Fowler's developmental perspective on faith. Probably the primary difference in the spirituality of children and that of adults concerns which of these dimensions takes precedence, based on developmental capacities: children clearly experience the encounter with mystery, physical experience, and affective dimensions of spirituality, but the cognitive-rational dimension of spirituality may be less significant as a feature of their ways of being spiritual, but not "less spiritual" than of adults with more developed capacities for abstract thinking and verbal reasoning.

In health care contexts, accreditation requirements use the language of spiritual assessment to describe the activity required on the part of various care providers and departments to meet a certain standard of care. This language has the positive effect of requiring clinicians to identify and implement ways of

engaging spirituality as a resource for healing among persons seeking their help. But a problem experienced by many clinicians attempting to implement these requirements is that assessment is medical-clinical terminology, and spirituality is not. Health care institutions such as hospitals in effect render spirituality in a much less fluid, dynamic shape than is optimal by requiring it to fit into the medical frame with such language. In the case of children, the difficulties may be compounded by differences in cognition and language expression, developmental abilities, and experiences, causing clinicians to fail to recognize religiously and spiritually important aspects of their lives.

Wendy Wright put it well when she said that "the fundamental art of the spiritual life is the art of paying attention . . . . [Spirituality] involves learning to pay attention on many levels at once" (Wright, 2003, p. 18). Perhaps the most important way adult clinicians and caregivers can support and nurture the spiritual lives of children is by cultivating our own spiritual lives as evidenced in "the art of paying attention" to children on many different levels all at once—the personal and interpersonal levels; the political advocacy and social policy levels; the individual and systemic levels and more. Perhaps if we pay close enough attention, we might receive the gift of being allowed to know the child mystics, activists, sages and holy fools in our midst, and learn from them as we care for them.

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