GODLY PLAY
Physical, Emotional and Spiritual Responses
of Chronically Ill Hospitalized Children

INTRODUCTION
This is an experimental pilot study that seeks to test a methodology for assessing the effect of a specific spiritual intervention, Godly Play, on very sick children who have been hospitalized. It is acknowledged that many factors such as progression of the disease, parents' attitudes and behaviors, may also affect depression and anxiety in hospitalized children. The purpose of this study is to determine whether this spiritual intervention that accompanies medical treatment can make a difference in the life of a seriously ill child and whether parent satisfaction is enhanced by including this spiritual care with medical care.

THE PROBLEM STATEMENT
Hospitalized children suffering from a chronic life-threatening disease may experience changes in depression and anxiety as measured by the Children's Depression Inventory. Many factors such as the progression of the child's disease, parents' attitudes and behaviors, may also affect the children's emotional state and frequency of analgesic medication use.

THE INTERVENTION
Godly Play is based on a number of action learning techniques that encourage child interaction and a sense of participation. It is a method of storytelling used in the care of hospitalized children. Godly Play helps the children on a journey of discovery rather than providing answers to questions. Each of these selected stories: Jesus and the Children, The Good Shepherd, and Abraham and Sarah, are told using figures and props that draw the children into the story. A wondering time follows, encouraging children to think about the story and relate it to their own lives. The intervention also includes time for the children to respond through creative play. Godly Play provides children with an opportunity to discuss spirituality in their own way. Children order to seek and find direction with God.

THEORETICAL CONSTRUCT
The theory underlying this study is consistent with the concept of theological reflection (Long, 1996). Theological reflection in pastoral care refers to five constructs: selecting an experience, articulating the experience, dialogue with the word of God, learning from experience, and impact on decisions.

METHODS
SAMPLE
Forty children, aged 4-15 years of age, who were admitted to Wolfson Children's Hospital, Jacksonville Florida diagnosed with chronic life threatening illness were systematically identified through each daily list of admissions provided by the Department of Pastoral Care. After subjects were identified on the basis of the study criteria and following parent informed consent each was randomly assigned to either the experimental or control group. The study was approved by the Baptist Medical Center Institutional Review Committee and by the University of North Florida Institutional Review Board.

STUDY DESIGN
A partnership between the University of North Florida, Department of Public Health and Christ Episcopal Church Ponte Vedra was established to design and implement the research protocol. The study was approved by the Baptist Medical Center Institutional Review Committee and by the University of North Florida Institutional Review Board. Following randomization, several pre-tests were performed. They included the CDI Index of depression, the State-Trait Anxiety Inventory, and the INSPIRIT evaluation of spirituality. At completion of the study, teachers presented three selected Godly Play stories, over a period of three or more days, to children who had been placed into the experimental group. Parents who were present to hear the Godly Play stories with their children were also tested with the INSPIRIT evaluation of spirituality. Children assigned to the control group were given a copy of a fairy tale book, and did not receive any instruction or interaction with the Godly Play teachers.

RESULTS
-Fifty-seven percent (57%) of the children were Caucasian, 38% were Afro-American and 5% were of Latino origin. Severity of illness indicated the vast majority (72%) to be chronically ill, 10% very sick, 5% acutely ill and 3% terminally ill.

INSTRUMENTS

CONCLUSIONS

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