

RESEARCH ARTICLE

Remembering Jerome W. Berryman as a Chaplain: The Untold Clinical Origins of Godly Play

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This article invites readers to engage with the often-forgotten clinical origins and spread of Godly Play through Jerome W. Berryman's (1937–2024) reflections from his time as a chaplain. Godly Play®, best known in the world of religious education, began in an adolescent behavioral health facility in Texas in the early 1970s. Within the coming decades, Godly Play became well known in religious education circles, yet it progressed with quiet dignity among spiritual care providers. Today, Godly Play is still used as an intervention by chaplains across the United States. In fact, several studies have even attempted to measure the efficacy of Godly Play in spiritual care settings. This article posits that Godly Play, though not routinely advertised to chaplains, remains popular in spiritual care circles because of its ability to meet the specific needs of spiritual care, such as an understanding of human spirituality that allows for plurality, creating spaces to discuss ultimate concerns like death and freedom, and offering evidence-based care balanced by mystery.

The multidimensional unity of life can be matched with the multidimensional unit of healing.

—Jerome W. Berryman

Godly Play, best known as an imaginative approach to Christian religious education, is typically recognized, and rightly so, as a radical affront to the dominant banking style of education found among mainline Sunday schools since the nineteenth century. Subsequently, the founder and creator of Godly Play, the Rev. Dr. Jerome W. Berryman (1937–2024), will continue to be remembered as a pioneer in Christian religious education. Yet before Godly Play gained recognition as a way of being with children or as a curriculum, it was known as “theological play” among adolescents at Texas Medical Center (TMC) in Houston, where Berryman worked as a chaplain and researcher from 1972 to 1976.¹

¹ Jerome W. Berryman, “Caring for Sick Children: The Parish, the Hospital, and Theological Play,” in *The Search for a Theology of Childhood: Essays by Jerome W. Berryman from 1978–2009*, ed. Brendan Hyde (Ballarat, Australia: Modotti Press, 2013).

This essay invites colleagues, fellow practitioners, and Godly Play enthusiasts to remember Berryman not only as a religious educator but as a chaplain who recognized that the nurture of children's spirituality was not merely educational but pastoral. As a board-certified chaplain and licensed Godly Play trainer, I have witnessed firsthand the many ways in which Godly Play is congruent with and enriches contemporary spiritual care. By tracing the relatively untold origin story of Godly Play in clinical chaplaincy, I argue that Godly Play bolsters contemporary spiritual care because of its insistence on the innateness of human spirituality, its ability to address universal existential limits, and its balance between empirical evidence and respect for mystery. The essay concludes with areas in need of further exploration and illuminates the possibilities for how Berryman's legacy and Godly Play may continue to equip healthcare chaplains and those they serve.²

The unknown clinical origins of Godly Play

Long before there was Godly Play with its published lessons, there was what Berryman called "theological play." Since his early days at Princeton Seminary, Berryman observed with dismay that children were often viewed in the church as empty vessels to be filled with knowledge about God rather than as means of grace within the ecclesial community as persons entering the world knowing God and God knowing them. Berryman felt that adult-centered approaches to spiritual nurture, which often relied on banking education models, failed to honor the child and could arrest a child's spiritual life.³ It became his lifelong quest to create a system that invited children to use their innate spiritual insight to wrestle with life, particularly as he would later come to discuss universal existential limits.

Before fully developing a new way to nurture children's spirituality, Berryman knew he needed a method or framework. Through his two children, he discovered the Montessori Method and, with it, the work of Sofia Cavalletti, creator of the Montessorian faith-formation approach Catechesis of the Good Shepherd. He was immediately drawn to the way Montessorian thought and pedagogy created prepared environments with nonanxious adult mentors, enabling children to continue exploring what it means to know and be known by God. He was so captivated and convinced that Montessori's thought and pedagogy were the key to his system that in 1971 he moved with

² Because the story of Godly Play and chaplaincy remains relatively untold, many of the resources used in this article come from unpublished documents by Berryman in his archive, as well as interviews with chaplains who have shepherded Godly Play within the spiritual care community.

³ Jerome W. Berryman, "The Illusive Use of Religious Language in Childhood," in *The Search for a Theology of Childhood: Essays by Jerome W. Berryman from 1978-2009*, ed. Brendan Hyde (Ballarat, Australia: Modotti Press, 2013), 92.

his family to Bergamo, Italy, to enroll in a yearlong program at the Center for Advanced Montessori Studies. Here he formed a lifelong friendship with Cavalletti, leading to years of correspondence and shared insights.⁴

Upon graduating from the Montessori program in 1972, Berryman returned to the United States, where he served as a fellow in theology and medical ethics at the Institute of Religion in the Texas Medical Center in Houston (1973–1976). In this role Berryman served as a chaplain, providing care and support to children and their families.⁵ When tasked with providing spiritual care to a group of hospitalized adolescents experiencing suicidal ideation, he began experimenting with what would become known as Godly Play, which he referred to as “theological play.”⁶ He hosted spirituality groups, telling stories such as the parable of the good shepherd, using rudimentary materials and ever-changing scripts based on participant feedback.

Unfortunately, little else is known about these early theological play sessions. Berryman does, however, offer some advice for chaplains using theological play with children in later writings reflecting on his work as a chaplain. He recommends creating a space in the chaplain’s office for theological play sessions and advises that chaplains carry story materials for bedside visits.⁷ Unsurprisingly, he recommends that chaplains introduce the approach of theological play to children through the parable of the Good Shepherd.

In addition to these recommendations, Berryman’s writings indicate his desire to differentiate between the chaplain’s provision of theological play and medical play therapy. In an unpublished work, Berryman notes that the “first people” in the healthcare system who understood his theological play method were the play therapists at Texas Children’s Hospital, an affiliate of TMC.⁸ He notes that his work at Texas Children’s “made it clear that children needed more than play therapy to cope with their existential limits, [which] are palpable in the hospital setting.”⁹ For Berryman, the work of play therapy in the hospital setting is an intervention that targets a particular anxiety a child may be facing within the healthcare realm, such as surgery, by taking the child on a tour and exploration of a surgical suite prior to their operation. On the contrary, Godly Play does not aim to target a specific anxiety but instead the mysteries and many existential limits experienced by all people because of

⁴ Brendan Hyde, “Montessori and Jerome W. Berryman: Work, Play, Religious Education, and the Art of Using the Christian Language System,” *British Journal of Religious Education* 33, no. 3 (2011): 342.

⁵ Jerome W. Berryman, “The Chaplain’s Strange Language: A Unique Contribution to the Health Care Team,” in *The Search for a Theology of Childhood: Essays by Jerome W. Berryman*, ed. Brendan Hyde (Ballarat, Australia: Modotti Press, 2013).

⁶ Berryman, “Caring for Sick Children.”

⁷ Berryman, “Caring for Sick Children.”

⁸ Jerome W. Berryman, “The Story and an Overview of Godly Play,” unpublished paper.

⁹ Berryman, “Story and an Overview of Godly Play.”

the human condition.¹⁰ For example, Berryman notes that inviting children into stories, such as the parable of the good shepherd, helps them cope with fear and the unknown by illuminating God's constant presence.¹¹

By 1976 Berryman no longer worked as a chaplain but continued to work closely with the healthcare system. Referring to this period in his life as the "second decade" of Godly Play, he writes, "Godly Play did not have a name, but it had a beginning." As he continued to hone the idea and method of theological play, he became the clinical professor of pediatric pastoral care at Baylor College of Medicine, where he taught a course entitled "Myth, Ritual, and Parable in Family Therapy." He also served on the Houston Child Guidance team studying the families of children with suicidal ideation. However, in 1984 his work with families and children convinced him, as he says, to "leave the academics" to try to prevent the family stress and challenges he witnessed.¹² He felt the best way to do this was by helping families learn to narrate their own stories and draw deeper meaning from the Christian tradition. Thus, Berryman began a new job at Christ Church Cathedral in downtown Houston, where his occupational transition was mirrored by a shift in denominational identity. Berryman, a Presbyterian minister of twenty-two years, became an Episcopal priest.

It was not until more than a decade after working at the Texas Medical Center that Berryman published *Godly Play: A Way of Religious Education*.¹³ From then on, the public primarily associated Godly Play with curriculum, Sunday school, and religious education for children. Yet behind the scenes, professional chaplains, particularly those serving in healthcare contexts, continued to recognize Godly Play as a spiritual care intervention that invited people of all ages to wrestle with the milieus of human life and the meaning and presence of God found within them.

Godly Play Spreads to Dallas Children's Hospital

When Berryman started working at Christ Church Cathedral in 1984, he was becoming an increasingly popular figure in Christian religious education. Still, word of his work in clinical settings continued to spread. In 1983 Ron Somers-Clark, the director of spiritual care at Children's Hospital in Dallas, learned about Berryman's theological play from his colleagues in Houston. Somers-Clark wanted to bring "theological play" to the Dallas system.

¹⁰ Berryman, "Chaplain's Strange Language."

¹¹ Berryman, "Story and an Overview of Godly Play."

¹² Jerome W. Berryman, "The Story and an Overview of Godly Play."

¹³ Jerome W. Berryman, *Godly Play: A Way of Religious Education* (HarperCollins, 1991).

Conversations between Somers-Clark and Berryman focused on pastoral and spiritual care for children, as research in pediatric chaplaincy was still in its infancy.¹⁴

The relationship between Berryman and Somers-Clark developed, and by the early 1990s Dallas Children's was using Sofia Cavalletti's book *The Religious Potential of the Child*, as a standard component of its clinical pastoral education (CPE) curriculum for residents.¹⁵ The CPE students were also encouraged to use a mixture of Godly Play, still in its infancy, and Catechesis of the Good Shepherd with patients. Godly Play scripts had not yet been published, and there were no official materials, but the residents had access to miniature parables crafted for bedside use by Berryman's brother in Kansas.¹⁶ Residents used these materials long before stringent infection-control policies were implemented, and chaplains could readily reuse them with children and families at the bedside.

Residents at Dallas also conducted worship services in the hospital chapel, drawing on a mixture of Catechesis of the Good Shepherd and what would become Godly Play. The Rev. Douglas Watts, a former CPE resident, recalls telling the story of Advent in the chapel and that the service was well attended. Watts eventually became the director of and a CPE educator at Dallas Children's in 2010. Under his leadership, the spiritual care department created a side room in the hospital chapel fully equipped with Godly Play stories and response materials.¹⁷ The room followed a typical Godly Play blueprint and was designed with assistance from the Rev. Sharon Browning, an architect.¹⁸ In a typical Godly Play room, a beautiful wooden nativity sits on the focal shelf. Despite the hospital being a place for people of all faiths, the designers ultimately decided to leave the set as the focal point because it symbolized not only the Christ child but also a loving community of adults gathered around the bed of a beloved child.

Many chaplains and CPE students utilized the Godly Play room to offer spiritual support groups and interventions for patients, families, and staff. For a limited time, some Godly Play stories told in the room were broadcast on the hospital television station into children's rooms to promote relaxation, which had long been a dream of Berryman's when he worked in the hospital.¹⁹ As word spread about the happenings among chaplains in Dallas, a slew of advanced Godly Play practitioners who normally taught in churches

¹⁴ Douglas Watts, personal conversation with the author, January 5, 2026.

¹⁵ Sofia Cavalletti, *The Religious Potential of the Child* (Paulist Press, 1983).

¹⁶ Watts, personal conversation.

¹⁷ Watts.

¹⁸ Berryman dreamed of such a possibility in his essay on chaplaincy. Berryman, "Chaplain's Strange Language," 101.

¹⁹ Berryman, "Caring for Sick Children."

and schools visited the hospital to spend a few days telling stories in a clinical context.²⁰ The commitment by Dallas Children's to Godly Play led to the development of a curriculum for teaching chaplains and ministers about children's spirituality, which included a regular conference with Berryman as the inaugural speaker. To this day, the Godly Play room at Dallas Children's remains active and utilized by subsequent generations of chaplains, patients, and their families.

Beyond Houston and Dallas

Throughout the early twenty-first century, the use of Godly Play in churches continued to gain momentum, though Godly Play in clinical settings did not spread with the same voracity but progressed with a quiet dignity. Slowly, the use of Godly Play in clinical settings spread beyond Texas and the world of pediatric chaplaincy. Former students of Watts, such as Ryan Campbell, Megan Dalby-Jones, and Courtney Webb, went on to become board-certified chaplains who contributed significantly to the spread of Godly Play in healthcare settings.²¹

The Pediatric Chaplains Network (PCN) also contributed to the growth of Godly Play in clinical settings. Founded in 1995 and officially organized in 1997, PCN was created to educate chaplains about the unique needs of children and their families within the healthcare system. At its annual conference, workshops on using Godly Play in spiritual care were frequent. It also supported early versions of clinical Godly Play training in various hospitals in Florida, Texas, and Illinois.

As demand for more-formal training continued to grow, chaplains Webb and Dalby-Jones helped develop a Godly Play training program specifically for clinical settings in 2023. In early 2025, the Godly Play Foundation began offering "one-on-one" story materials for use in spiritual care settings and beyond.²² Currently, healthcare chaplains in both adult and pediatric settings across states such as Illinois, Colorado, North Carolina, New Mexico, and others draw on Berryman's wisdom and use Godly Play as a spiritual care intervention. These chaplains work in a variety of healthcare settings with patients of all ages, including hospice, behavioral health, inpatient medicine,

20 Watts, "Godly Play and Chaplaincy."

21 Ryan Campbell, "Trying to Catch a Cloud and Pin It Down: Reframing Pediatric Spiritual Assessment in a Clinical Setting" (D.Min. diss., Pacific School of Religion, 2020), <https://www.psr.edu/wp-content/uploads/2020/09/Ryan-Campbell-Dissertation-final.pdf>.

22 Godly Play Foundation, Clinical Sampler, issued 2025.

emergency medicine, palliative care, and long-term nursing facilities.²³ As of 2026, the Godly Play Foundation has five licensed clinical Godly Play trainers who offer specialized core trainings and workshops for chaplains.²⁴

Godly Play's contributions to clinical chaplaincy

Why would the work of a non-board-certified chaplain situated squarely within the Judeo-Christian tradition be recognized as of great value to chaplains providing spiritual care in multifaith settings in a post-Christian society? To answer this question, I suggest that Berryman's own work and legacy, best embodied in the Godly Play method, offers wisdom to the contemporary healthcare chaplain and the practice of spiritual care, especially in the following domains: a theory of human spirituality amid pluralism, an intervention for conversations about universal existential limits, and a middle way to meet the trend of evidence-based contemporary chaplaincy balanced with a respect for mystery.

Innate human spirituality in a pluralistic and secular society

At one point, the field of healthcare chaplaincy was relatively monolithic, composed primarily of white Protestant males typically educated specifically for parish work.²⁵ Though some of these chaplains attempted to provide spiritual care to patients of diverse religions and backgrounds, they often lacked the proper interfaith literacy and cultural competency to do so. However, as the field of spiritual care professionalized and gradually grew more diverse alongside the changing religious landscape of the West, it gave particular attention to providing spiritual care for unaffiliated and non-Christocentric patients. Godly Play, which assumes that all people are innately spiritual from birth, can assist the chaplain in engaging people of all religions and none.

Throughout his writings, Berryman's theological anthropology consistently contends that spirituality is innate in the human person, regardless of background, cognitive capacity, or religious identification. In his early essay on chaplaincy and theological play, Berryman spends almost half the essay refuting adult assumptions that children cannot engage with religion or abstract spiritual ideas until they are much older.²⁶ He defines religious experience as an awareness of a power beyond oneself and the asking of existential questions, verbalized or not. He argues that in Edward Robinson's work *The Original Vision*, the fact that the majority of adults who were

23 Godly Play is also used in other chaplaincy settings, such as the military and penitentiary systems. This article focuses strictly on the use of Godly Play in healthcare settings.

24 Godly Play clinical trainers are chaplains Megan Dalby-Jones (Chicago), Caroline Knoll (Dallas), Hannah Sutton-Adams (Charlotte), Michelle Torres (Boston), and Courtney Webb (Houston).

25 Wendy Cadge, *Spiritual Care: The Everyday Work of Chaplains* (New York: Oxford University Press, 2022).

26 Berryman, "Chaplain's Strange Language."

asked about significant spiritual experiences mentioned childhood events is an indication that they did not develop into spiritual beings but were spiritual by virtue of being human, even from a young age.²⁷

Years later, psychologist Rebecca Nye confirmed the arguments of Robinson, Buber, and Berryman through psychological research. Nye interviewed children from diverse backgrounds, both religious and nonreligious. She found that all the children expressed what she calls relational consciousness, a capacity inherent in all people for awareness of relationships with self, others, the world, and the transcendent.²⁸

Chaplains utilize the theory of innate spirituality to be present to their patients, including those whose cognitive capacities have changed due to disease. Lois Howard, a chaplain in a long-term care facility, shares the story of “Bob,” a patient who attended the spiritual care program at his long-term nursing facility, where he had resided since his Alzheimer’s diagnosis. Howard utilized Godly Play stories in her provision of care at Bob’s residence. While listening to the story, many patients appeared to be sleeping or even unaware of their surroundings.

Bob was no different. He was unable to verbally communicate and at times seemed confused, but after hearing the Godly Play story of the parable of the good shepherd, something amazing happened. Bob slowly picked up a marker and began to draw a sheepfold, which, in the parable, is the place of safety to which the good shepherd ensures all the sheep return, no matter the obstacle.²⁹ It is impossible to know why Bob chose to draw the sheepfold or the meaning behind it, but Bob’s ability to connect with the story, with himself, and with the idea of a sheepfold shone forth. Howard observed this display of relational consciousness and honored Bob’s internal experience, even when his cognitive and verbal abilities were impacted by illness. Indeed, spiritual care providers at the same facility observed that other patients seemed to “recover” or “recall” important memories from their lives, even if they could no longer verbalize them.³⁰

For chaplains, Berryman’s assertions about the innate nature of spirituality offer a way to understand human spirituality that honors the patient’s internal wisdom. It was and is, in some places, still common practice for chaplains, even consciously, to assume the patient before them has needs and that it is the chaplain’s job to “bring God into the room.” Allowing

27 Berryman, “Chaplain’s Strange Language”; Edward Robinson, *The Original Vision: A Study of the Religious Experience of Childhood* (New York: Seabury Press, 1983).

28 Rebecca Nye, *Children’s Spirituality: What It Is and Why It Matters* (London: Church House Publishing, 2009).

29 Lois W. Howard, *Using Godly Play with Alzheimer’s and Dementia Patients* (New York: Church Publishing, 2015), 24.

30 Howard, *Using Godly Play with Alzheimer’s and Dementia Patients*, 6. Such responses led to continued work on adapting Godly Play for use with adults with memory loss across different contexts, ultimately resulting in the publication of Howard’s book in 2015.

the innate theory of human spirituality of Godly Play to permeate patient interactions, even when Godly Play is not being directly used, challenges such a notion. The patient no longer lacks something the chaplain can provide; instead, because of the givenness of spirituality, the patient can be supported by the chaplain in utilizing their expertise about their life, rather than as an outside force—that is, the chaplain providing directive care or advice.

Berryman seemed aware that Godly Play may challenge power dynamics and empower those traditionally seen as care recipients. In an early essay on caring for sick children, he writes, “In theological play there is no therapist as in psychology’s play therapy. Before life’s ultimate experiences and before God, we are equal, and the healing is in the mutual play.”³¹ Power differentials remain, but patients and chaplains become co-listeners as they discern how the patient’s relational consciousness is already expressed through strengths such as significant relationships, love of nature or a specific animal, a desire to become more self-aware, and a sense of belonging to something larger than oneself. Whether chaplains utilize Godly Play as an intervention or not, its underlying theory of innate spirituality empowers them to approach all people they work with as beings endowed with the ability to connect, regardless of religious identity or dis/abilities.

Godly Play as an intervention to address existential limits

In addition to the concept of innate spirituality, Berryman draws extensively on psychiatrist Irvin Yalom’s understanding of universal existential limits throughout Godly Play literature.³² Reflecting on his time as a chaplain, Berryman writes that the purpose of sharing religious language through theological play (Godly Play) with children is so they may “deal creatively with human limits and how to live from that perspective.” Existential limits or “human limits” are the inevitable realities of human life that impose barriers and constraints on the human condition. Yalom’s four existential limits are death, aloneness, freedom, and the need for meaning.³³

Berryman likely witnessed all four of these existential limits constantly as a chaplain because of illness, hospitalization, chronic pain, disease, and the unknown, featuring prominently in the patients’ awareness. This same reality remains true for chaplains working in healthcare today. Death looms large in

31 Berryman, “Caring for Sick Children,” 197.

32 Jerome W. Berryman, *Godly Play: An Imaginative Approach to Religious Education* (Minneapolis: Augsburg, 1995).

33 Irvin D. Yalom, *Existential Psychotherapy* (New York: Basic Books, 1980). The categories of death and the need for meaning are somewhat self-explanatory, but aloneness and freedom require some explanation. Yalom understands aloneness as more than the common feelings of loneliness in human life, but as the reality that humans are born into the world alone and leave the world alone. Others can empathize, sympathize, and try to understand the interior experience of another, but they cannot ever become the other, as such aloneness is an inescapable reality of life. Freedom, for Yalom, refers to both the human need for freedom and the fear of it. While humans want freedom to make choices and express agency, this same freedom can be used to harm and cause violence, destruction, and death; therefore, freedom can be frightening. Freedom requires responsibility and self-management so that one’s expression of freedom does not impinge on that of their neighbor.

the hospital as chaplains offer support to those dying from a chronic disease or a sudden accident. Aloneness is a salient feature of many patients, as it is not uncommon for a hospitalized person to say, “You wouldn’t understand,” expressing frustration and grief that no other person can fully know their experience of pain, side effects, and general life disruption caused by an illness.

Freedom is always at risk in healthcare as chaplains listen to patients describe the ways in which a new diagnosis may limit their ability to do as they please or even care for themselves. With death looming, feeling alone and isolated, and the constant need to negotiate one’s freedom, patients may also desire to make meaning of the other existential limits and other aspects of their lives. What did I do with my life? It is often on their deathbeds that people reflect on their lives. They try to discern meaningful patterns or assess their expressed morality. Many wonder what their life meant or what their existence contributed to the vast cosmic reality of time.

Facing these existential limits can feel threatening, and some patients may attempt to pretend they do not exist, while others become weighed down and overwhelmed by them. Godly Play, a spiritual care intervention used by chaplains, invites patients to explore human limits safely through story and wonder. One way Godly Play stories do this is through not shying away from complex themes in Christian scripture and history but instead trusting that the patient may utilize themes and language from biblical stories to ask questions and explore their own ultimate concerns.³⁴

For example, in the Godly Play story of the exodus, the storyteller places wooden figures representing the Israelites in front of a large swatch of blue felt to represent the Red Sea. The effect is that the wooden figures appear to be trapped between the blue felt and the Egyptians chasing them. Following the story, a chaplain will ask several wondering questions, including, “I wonder where you are in the story?” or “I wonder what part of the story is about you?” Patients who are feeling a limitation of freedom and “trapped” between two undesirable choices, like chemotherapy or radiation, may identify themselves as being among the Israelites. The exodus story provides them with a way to broach the experience of an existential limit by offering language, metaphor, and a distinctly welcoming space for such a conversation.

The efficacy of chaplains in using Godly Play to address existential limits among patients is supported by limited research. In 2016 a study by chaplains at a children’s hospital examined how Godly Play might affect the spiritual well-being of hospitalized adolescents in a behavioral health facility. They found that the adolescents, religious or not, began utilizing the language they heard in Godly Play sessions to make meaning of their own lives

³⁴ Jerome W. Berryman, Cheryl V. Minor, and Rosemary Beale, *The Complete Guide to Godly Play: Revised and Expanded*, vol. 2, 2nd ed. (New York: Church Publishing, 2017), 2.

while negotiating existential limits.³⁵ This is surprising given that in Western culture, frank conversations about death, the limitations of freedom, or what seems like meaningless suffering are difficult to start and can be incredibly challenging for patients to endure. Godly Play does not remove the discomfort of existential limits, but it does offer spiritual care providers a way to accompany patients as they explore these limits through story and wonder.

A middle way for contemporary chaplaincy

In the last several decades, healthcare chaplaincy has been pushed to provide “evidence-based” interventions and practices.³⁶ In many ways this has clarified the field of spiritual care and led to improved patient outcomes. Yet unlike in other areas of medicine, it is difficult for chaplains to always justify the care they provide because spirituality is not as easily measured as a concrete outcome, such as a reduction in blood pressure with proper medication. Still, there is growing pressure for the field of spiritual care to operate within scientific norms.

Godly Play certainly offers chaplains concerned about the quantification of spiritual care a way to continue working in healthcare. As previously mentioned, Godly Play has been shown to be effective in supporting the spirituality of hospitalized teens.³⁷ Furthermore, an earlier study further validates Godly Play as an evidence-based intervention. In 2008 a group of public health researchers and chaplains piloted the first clinical study regarding chaplains and Godly Play in a hospital setting. The team offered three Godly Play sessions to chronically ill hospitalized children, while the control group received a fairy-tale book instead. Findings showed that parents and children seemed to value Godly Play.³⁸

The study’s data also suggested that those children who tested high for depression were less depressed following Godly Play interventions, and those children who showed anxiety were less anxious following the Godly Play intervention as compared to the control group. The research team observed that “the research intervention had some effect not only on the children in the experimental group but on the parents as well,” as many parents were pleased with this intervention.³⁹

35 Cheryl V. Minor and Ryan Campbell, “The Parable of the Sower: A Case Study Examining the Use of the Godly Play Method as a Spiritual Intervention on a Psychiatric Unit of a Major Children’s Hospital,” *International Journal of Children’s Spirituality* 21, no. 1 (2016): 38–51.

36 George Fitchett, Kelsey White, and Kathryn Lyndes, eds., *Evidence-Based Healthcare Chaplaincy: A Research Reader* (Jessica Kingsley Publishers, 2018).

37 Minor and Campbell, “Parable of the Sower.”

38 Joan Farrell, Scott Brooks Cope, James H. Cooper, and Leigh Mathias, “Godly Play: An Intervention for Improving Physical, Emotional, and Spiritual Responses of Chronically Ill Hospitalized Children,” *Journal of Pastoral Care and Counseling* 62, no. 3 (2008): 261–271.

39 Farrell et al., “Godly Play,” 286.

In addition to these clinical studies, other studies conducted in settings such as homes, schools, and churches affirm the benefits of Godly Play for children and adults. For instance, a quasi-experimental study found that exposure to Godly Play increases a child's spiritual well-being through nurturing relationships with God, self, others, and the world.⁴⁰ Other studies report that witnessing Godly Play can serve as a healing and corrective intervention for adults with complicated religious pasts.⁴¹ A separate study reaffirms that Godly Play indeed nurtures children's relational consciousness.⁴²

While Godly Play provides the evidence needed for use in clinical chaplaincy, it also provides a middle way for chaplains to hold spaces that are not obsessed with the empirical but with the experiential, while still being "evidence-based enough." This is largely due to Berryman's own awareness of the limits of empirical evidence regarding spirituality. Berryman was a strong supporter of empirical and qualitative research, so much so that he tested every Godly Play story with circles of children before its publication. Yet he writes the following about his own efforts to prove the empirical worth of Godly Play:

Some scientific studies were undertaken in our classroom in the Texas Medical Center, but we quickly stopped . . . because we were not learning anything interesting from these techniques. We decided instead not to distance ourselves from the children or try to prove anything empirically to anyone. We learned better by enjoying what we were doing, focusing on the children, using our informed intuition, and trying to become better teachers and to create materials that really worked.⁴³

For Berryman, evidence that Godly Play benefits its participants came largely through their ability to use language, story, ritual, and symbol to cope with the existential limits of human life.

Years later, chaplain Judith Gilbert testified to how Godly Play "works" in her published observations on its use with adults in an acute mental health facility. Gilbert observed that the Godly Play method successfully provided spiritual care to participants of many faith backgrounds: "Godly Play allows people to do this exploration [of conscious and unconscious thoughts or

40 Cheryl V. Minor and Barry Grant, "Promoting Spiritual Well-Being: A Quasi-Experimental Test of an Element of Hay and Nye's Theory of Children's Spirituality," *International Journal of Children's Spirituality* 19, nos. 3–4 (2014): 213–227.

41 Cheryl V. Minor and Hannah Sutton-Adams, "Godly Play Went Home: An Exploratory Study of the Experience of Godly Play in Homes during the Covid-19 Pandemic through the Lens of Caregivers," *Religious Education* 117, no. 4 (2022): 313–323.

42 Cheryl V. Minor and Hannah Sutton-Adams, "Does Godly Play 'Work?': A Qualitative Study Examining the Impact of Godly Play on the Spiritual Lives of Adolescents and Young Adults Who Participated in Godly Play in Early, Middle, and Late Childhood," *Christian Education Journal* 22, no. 1 (2025): 51–65.

43 Berryman, "Story and an Overview of Godly Play."

feelings] in a non-directive way and allows them to express their spirituality. I have observed it to be a compassionate way to relate to people and their spiritual needs.”⁴⁴

The demand for evidence-based chaplaincy interventions is unlikely to fade, but chaplains have a duty to support facets of the human experience that cannot be measured, leaving space for mystery and wonder. Fortunately, Godly Play as a spiritual care intervention can placate the need for scientific proof while still holding the ineffable and unspeakable aspects of human life.

Conclusion

The Godly Play Foundation plans to continue honing resources and training opportunities for chaplains. Berryman appreciated this work and encouraged his colleagues who were chaplains to keep pressing forward. The next generation of chaplains who employ Godly Play will need to address multiple challenges, including discerning how best to use a method rooted in Christianity in pluralistic spaces amid the current complex religio-political realities of Christian nationalism and fascism. Chaplains will need to develop, better communicate, and document the efficacy of Godly Play through continued research and practice.

Despite being known as a religious education curriculum, it has clinical origins and is irrefutably linked to pediatric chaplaincy. Without much pomp, Godly Play has assisted chaplains in their work for over four decades across multiple contexts. As such, when remembering Jerome W. Berryman, it is appropriate to appreciate his contributions not only to the world of religious education but also to the fields of pastoral and spiritual care.

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⁴⁴ Judith Gilbert, “Storytelling and Spiritual Care,” *Health and Social Care Chaplaincy* 4, no. 2 (2016), 193.

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