

Preliminary Draft

Henry Heffernan, May 2006

The Terminology and Concepts of Pastoral Practices

In contrast to the field of medicine, in which systematic efforts to develop semantically consistent terminologies, nomenclatures, and vocabularies for medical concepts and medical care procedures and practices have been underway for decades, there is and has been no comparable systematic effort in the field of pastoral care and counseling, beyond the development of the *Dictionary of Pastoral Care and Counseling*, published in 1990. This excellent effort provides a foundation for a systematic effort, but does not necessarily reflect what chaplains mean when they may use terms found in this dictionary.

Chaplain Ehman has commented on the need for clarity in the specification of what chaplains actually do in their pastoral encounters with patients. Individual chaplains and pastoral caregivers use many words, analogies, and metaphorical expressions to refer to what they do in patient visits, but seldom define in operational terms the concrete actions that are implied in the vocabulary terms and expressions they use. The terminology used currently in referring to what chaplains do in patient visits has not been harmonized among pastoral caregivers and operational definitions have not been developed:

“IDENTIFICATION OF PASTORAL CARE VISITS, by John Ehman

“One of the pressing issues today in pastoral care research is the specification of what chaplains *do* when they intervene in patient situations. If an intervention is poorly defined in research, the assessment of its effect must be at best tentative. Yet, the complex and subtle nature of pastoral care visitation does not lend itself to simple description, much less to rigid circumscription. . .

“Valuable research can well be done with interventions identified as broadly as "visit by a chaplain," but the demand for greater specificity is growing. There is an understandable desire among researchers to refine data collection, control for more variables, discover confounding variables, develop and validate specific measures, and lay the groundwork for reproducible results. . . .

“There are at least two operative questions here: How can we begin to focus in on the activities of chaplains so that there is both a reasonable specificity about interventions and a reasonable latitude for a chaplain's spontaneity in interaction with patients? Also, what interventions may help us to explore the contributions to health care that chaplains may provide either uniquely or especially well?” (ACPE Research Network Newsletter, Spring 2003, Vol. 1, No. 3, §2)

The development of a well defined vocabulary for referring to pastoral care practices and interventions with spiritual care recipients is a prerequisite for meaningful research on the efficacy and efficiency of pastoral practices. Definitions, to be useful for research,

need to specify the concrete actions or operational activities involved in the interventions and practices.

The Current Terminology in Use

The terminology used for designating different pastoral interventions currently in use does not have agreed-upon specifications of the actions that comprise these interventions. The concrete actions comprising these interventions, which specify what chaplains actually do in performing these interventions in patient visits, if referred to at all are seldom described in concrete terms that would be understood unambiguously, or that could enable another chaplain to replicate the intervention's actions. What is not known is the extent to which the same words used by different chaplains refer to the same observable behaviors and concepts.

The terminology of clinical care by physicians has been refined and harmonized over the past three decades, so that there is semantic consistency in the communications among physicians and medical researchers. A similar effort is needed to assure that the terms used by different chaplains to describe their activities in pastoral encounters refer to the same concepts and actions.

Below is a preliminary list of terms that are found in a few contemporary writings and documents that have been developed from the input of a number of practicing chaplains, and therefore are in current usage. The source documents are:

The White Paper edited by L. VandeCreek and L. Burton, (published in the *Journal of Pastoral Care* in 2001), and

The list of chaplain activities in the appendix of the article of S. Spidell (published in *Chaplaincy Today* in 2005) reporting on the results of his survey of many chaplains' practices.

No operational definitions of these terms, however, were included or referred to, and no criteria were offered explicitly to assure that the participants in these joint efforts meant the same things when they used these terms. Some of these terms are found in the *Dictionary of Pastoral Care and Counseling* (1990), and in other smaller dictionaries such as that edited by W. Carr in 2002, but the discussion of these terms in these sources usually does not contain an explicit specification of the concrete actions implied by these terms, or an assurance that the usage of these terms by pastoral caregivers is generally consistent with the discussion of these terms in these dictionaries. In fact, Dr. Rodney Hunter, General Editor of the encyclopedic 1990 dictionary, has described the significant level of variability he and his co-editors found in pastoral caregivers' usage and the meanings implied by these terms in their usage: *Journal of Pastoral Care*, (Fall 1990) Vol. 44, No. 3, 271-281; *Journal of Pastoral Theology*, (1991) Vol. 1, 35-52.

The Combined List of Currently Used Terms

Below, the lists in the two recent articles have been interleaved and combined into one list, with a clustering of items that seem to fit more general categories. The original lists are provided in the Appendix. The clustering of various activities under more general terms is preliminary and clearly not optimal. The semantic relationships between these terms will need to be revisited and revised as this word list is extended and as clear inconsistencies emerge. The list below is a first preliminary and partial draft, and should

not be considered complete or logically consistent for referring to chaplains' pastoral practices and activities. It provides no more than a starting point.

For reference purposes, the pages on which some definition or explanation of these terms or related words may be found in two relatively authoritative sources are given for a number of the terms. This effort also is preliminary and partial:

The *Dictionary of Pastoral Care and Counseling*, R. Hunter, Ed. 1990

The *New Dictionary of Pastoral Studies*, W. Carr, Ed. 2002

These two sources may be considered a starting point for explanations of what these terms may refer to in contemporary usage. Chaplains have used these dictionaries, and the authors and contributors to these dictionaries have attempted to capture recent and current usage.

The pages where some description and discussion of these terms may be found in Hunter's 1990 Dictionary are given toward the right margin. The pages for Carr's dictionary are in *italics*, to distinguish them from the pages for Hunter's dictionary.

Advising	10, 227
Clarifying and interpreting institutional policies to patients, community clergy, and religious organizations.	
Facilitation of spiritual issues related to organ/tissue donation	
Ethical options education	
Ethical consultation to reach a decision	
Religious guidance	
Moral guidance, suggestions	
Anointing	43, 19
Anointing with oil	
Assessment – Spiritual	366, 25
Spiritual Assessment	
Spiritual assessment for personal use	
Spiritual assessment for medical chart	
Developing spiritual assessment and spiritual risk screening tools	
Risk screening – identifying individuals whose religious/spiritual conflicts may compromise recovery or satisfactory adjustment	
Caregiver Support	43
Communication with caregivers	
Assistance with decision making and communication regarding decedent affairs	
Counseling	849, 75

Individual counseling (short term)
Ethical consultation to reach a decision
Family counseling
Marital counseling
Individual counseling (long-term)

Counseling – Bereavement 472, 31
Grief and loss care

Crisis intervention/Critical Incident Stress Debriefing 245, 81
Crisis counseling or crisis intervention
Conflict resolution among patients, and family members

Crystals
Instructions in the use of crystals

Education 336, 108
Ethical options education
“. . . educate the healthcare team and community . . . in the following ways:
Interpreting and analyzing multi-faith and multi-cultural traditions
as they impact clinical services
Making presentations concerning spirituality and health issues
Training of community religious representatives regarding
the institutional procedures for effective visitation
Training and supervising volunteers from religious communities
who can provide spiritual care to the sick
Conducting professional clinical education programs for seminarians,
clergy, and religious leaders
Developing congregational health ministries
Educating students in the health care professions regarding
the interface of religion and spirituality with medical care

Emotional Support
General Emotional Support

Empathy 3, 354, 1274, 111
provide supportive spiritual care through empathic listening

Ethics Services 362, 117

... lead or participate in healthcare ethics programs by:

Assisting patients and families in completing advance directives

Clarifying value issues with patients, family members, staff and the organization

Participating in Ethics Committees and Institutional Review Boards

Consulting with staff and patients about ethical concerns

Pointing to human value aspects of institutional policies and behaviors

Conducting in-service education

Games

Play and/or use of games (children)

Play and/or use games (adult)

Hands

100, 198

Laying on of hands for spiritual healing

Therapeutic (healing) touch

Laying on of hands for physical cure

Images

Art therapy

Provide icons

Interdisciplinary Task Participation

593, 183

serve as members of patient care teams

Participation in medical rounds and patients care conferences,
offering perspectives on the spiritual status of patients

Participation in interdisciplinary education

Interfaith Services

335, 185

“2. Professional chaplains reach across faith group boundaries and do not proselytize.

Acting on behalf of their institutions, they also seek to protect patients

from being confronted by other, unwelcome, forms of spiritual intrusion.”

Listening – Empathic

654, 203

provide supportive spiritual care through empathic listening

Empathic Listening

Meditation

700, 833

Meditation

Guided or directed meditation
Education in contemplative prayer
Education in transcendental meditation

Music

767, 228

Sing or play an instrument
Chanting

Organization Support

. . . as mediator and reconciler, functioning in the following ways . . .

As advocates or ‘cultural brokers’ between institutions and patients,
family members, and staff

Offering patients, family members and staff an emotionally and
spiritually ‘safe’ professional from whom they can seek counsel or guidance.

Representing community issues and concerns to the organization.

Prayer

833, 276

Prayer for spiritual healing
Prayer for physical cure
Distribute prayer blankets
Provide prayer cloths

Presence

950

Ministry of Presence

Problem Solving

General problem solving

Reading Materials

Read or distribute secular texts

Recording and Communication

1048

Charting spiritual care interventions in medical charts

Referral

1193, 303

Referral and linkage to internal and external resources

Relaxation response	1053
Relaxation response instruction	
Religion Instruction	336, 308
Religious guidance	
Read or distribute religious texts	
Read or distribute devotional materials	
Read or distribute spiritual texts	
Sacred story discussion	
Religious Services	1339, 399
<i>“5. Professional chaplains design and lead religious ceremonies of worship and ritual such as:</i>	
Prayer, meditation, and reading of holy texts	
Worship and observance of holy days	
Blessings and sacraments	
Memorial services and funerals	
Rituals at the time of birth or other significant times of life cycle transition	
Holiday observances”	
Research	171, 313
<i>. . . attend to research in the following ways.</i>	
Developing spiritual assessment and spiritual risk screening tools	
Developing tools for benchmarking productivity and staffing patterns that seek to increase patient and family satisfaction	
Conducting interdisciplinary research with investigators in allied fields, publishing results in medical, psychological, and chaplaincy journals	
Promoting research in spiritual care at national conventions”	
Rituals	1088, 1280, 317
Creation of situation-specific rituals	
Exorcism	
Sacrament Services	1100, 321
Administration of sacraments	
Spiritual Direction	1210
Spiritual direction	

Staff Support

Facilitation of staff communication

Conflict resolution among staff members, patients, and family members

Staff support relative to personal crises or work stress

Institutional support during organizational change or crisis

Therapies

928, 64

. . . utilize or make a referral for complementary therapies such as:

Guided imagery/relaxation training

Meditation

Music therapy

Healing touch

Writing for healing

Provide or use angel cards

Use of essential oils, aromatherapy

Reiki

Hypnosis

Reflexology

Crystals

Shamatic healing rituals

Use of Qi Gong Beliefs and practices

Appendix:

Sources of Contemporary Practices Terminology

Two relatively authoritative sources of words and phrases used to denote what chaplains do within a patient visit are the White Paper edited by VandeCreek and Burton, published in the *Journal of Pastoral Care* in 2001, and the article of S. Spidell published in *Chaplaincy Today* in 2005. What is meant by the terms in these word lists has not been defined, but the terms are familiar to chaplains by virtue of the fact that they both were tested through reviews and comments by other chaplains. In both cases they were not simply the preferred words and phrases of single individuals: they had meaning for a broader group of colleagues in institutional ministries.

A - From the 2001 White Paper:

There are nine subsections in the White Paper's list of activities that chaplains perform in institutions, found on pages 86 through 88 of the JPC 2001 article. Of those nine subsections, six subsections may be characterized as 'generic' because in hospital practice many if not most of these activities often are the responsibility of staff persons who are not chaplains, or are expected to be accomplished by clergy who are not employees of the institution. For many if not most of these activities, one does not have to be a chaplain to perform them reasonably well. (VandeCreek and Burton, 2001, 86-88)

The six subsections that list these **generic activities** are the following:

“ . . . provide supportive spiritual care through empathic listening . . .

Grief and loss care

Risk screening – identifying individuals whose religious/spiritual conflicts may compromise recovery or satisfactory adjustment

Facilitation of spiritual issues related to organ/tissue donation

Crisis intervention/Critical Incident Stress Debriefing

Spiritual Assessment

Communication with caregivers

Facilitation of staff communication

Conflict resolution among staff members, patients, and family members

Referral and linkage to internal and external resources

Assistance with decision making and communication regarding decedent affairs

Staff support relative to personal crises or work stress

Institutional support during organizational change or crisis

. . . serve as members of patient care teams by:

Participation in medical rounds and patients care conferences, offering perspectives on the spiritual status of patients

Participation in interdisciplinary education

Charting spiritual care interventions in medical charts

. . . lead or participate in healthcare ethics programs by:

Assisting patients and families in completing advance directives

Clarifying value issues with patients, family members, staff and the organization

Participating in Ethics Committees and Institutional Review Boards

Consulting with staff and patients about ethical concerns

Pointing to human value aspects of institutional policies and behaviors

Conducting in-service education

. . . as mediator and reconciler, functioning in the following ways . . .

As advocates or 'cultural brokers' between institutions and patients, family members, and staff

Clarifying and interpreting institutional policies to patients, community clergy, and religious organizations.

Offering patients, family members and staff an emotionally and spiritually 'safe' professional from whom they can seek counsel or guidance.

Representing community issues and concerns to the organization.

. . . utilize or make a referral for commentary (sic) therapies such as:

Guided imagery/relaxation training

Meditation

Music therapy

Healing touch

. . . attend to research in the following ways.

Developing spiritual assessment and spiritual risk screening tools

Developing tools for benchmarking productivity and staffing patterns that seek to increase patient and family satisfaction

Conducting interdisciplinary research with investigators in allied fields, publishing results in medical, psychological, and chaplaincy journals

Promoting research in spiritual care at national conventions”

(VandeCreek and Burton, 2001, 86-88)

The three subsections that enumerate activities that can be considered especially suited for chaplains to perform, because of the explicit **religion-related character** of these activities, and their relationship to religious practices, or religion-based spirituality practices that generally chaplains or clergy perform, include the following activities:

“. . . educate the healthcare team and community . . . in the following ways:

Interpreting and analyzing multi-faith and multi-cultural traditions as they impact clinical services

Making presentations concerning spirituality and health issues

Training of community religious representatives regarding the institutional procedures for effective visitation

Training and supervising volunteers from religious communities who can provide spiritual care to the sick

Conducting professional clinical education programs for seminarians, clergy, and religious leaders

Developing congregational health ministries

Educating students in the health care professions regarding the interface of religion and spirituality with medical care”

“5. Professional chaplains design and lead religious ceremonies of worship and ritual such as:

Prayer, meditation, and reading of holy texts
Worship and observance of holy days
Blessings and sacraments
Memorial services and funerals
Rituals at the time of birth or other significant times of life cycle transition
Holiday observances”
(VandeCreek and Burton, 2001, 87)

The other subsection dealing explicitly with religion states:

“2. *Professional chaplains reach across faith group boundaries and do not proselytize.* Acting on behalf of their institutions, they also seek to protect patients from being confronted by other, unwelcome, forms of spiritual intrusion.” (Ibid., 86)
(There is no elaboration in the white paper of what specific actions may be involved in accomplishing these two sentences in subsection number 2. What the phrase “reach across faith group boundaries” is intended to mean is not spelled out in the White Paper.)

B - From the 2005 Spidell Article’s Appendix

[See Spidell, S., “A Survey of Beliefs and Practices in Professional Chaplaincy,” *Chaplaincy Today* 21, no. 1 (Spring-Summer 2005): 23-29.]

Ministry of Presence
Empathic Listening
General Emotional Support
Crisis counseling or crisis intervention
Spiritual assessment for medical chart
Prayer for spiritual healing
Bereavement counseling
General problem solving
Spiritual assessment for personal use
Prayer for physical cure
Ethical options education

Individual counseling (short term)

Religious guidance

Ethical consultation to reach a decision

Read or distribute religious texts

Moral guidance, suggestions

Read or distribute devotional materials

Read or distribute spiritual texts

Sacred story discussion

Spiritual direction

Administration of sacraments

Creation of situation-specific rituals

Relaxation response instruction

Guided or directed meditation

Laying on of hands for spiritual healing

Family counseling

Read or distribute secular texts

Education in contemplative prayer

Play and/or use of games (children)

Writing for healing

Therapeutic (healing) touch

Marital counseling

Anointing with oil

Sing or play an instrument

Laying on of hands for physical cure

Individual counseling (long-term)

Play and/or use games (adult)

Art therapy

Provide icons

Pet therapy

Education in transcendental meditation

Provide or use angel cards

Chanting

Distribute prayer blankets

Provide prayer cloths

Use of essential oils, aromatherapy

Reiki

Hypnosis

Reflexology

Exorcism

Shamatic healing rituals

Use of Qi Gong Beliefs and practices

Instructions in the use of crystals