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
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**
Grief and loss care

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

**Crystals**
Instructions in the use of crystals

**Education**
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**
provide supportive spiritual care through empathic listening

**Ethics Services**
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
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
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
“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
provide supportive spiritual care through empathic listening
Empathic Listening

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

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

**Presence**
Ministry of Presence

**Problem Solving**
General problem solving

**Reading Materials**
Read or distribute secular texts

**Recording and Communication**
Charting spiritual care interventions in medical charts

**Referral**
Referral and linkage to internal and external resources
Relaxation response
Relaxation response instruction

Religion Instruction
Religious guidance
Read or distribute religious texts
Read or distribute devotional materials
Read or distribute spiritual texts
Sacred story discussion

Religious Services
“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”

Research
...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”

Rituals
Creation of situation-specific rituals
Exorcism

Sacrament Services
Administration of sacraments

Spiritual Direction
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**
. . . *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”

“When 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**

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