Draft article Oct 11, 2020

"Tele-Chaplaincy: Providing Spiritual Care at a Distance"

David Balto
Staff Chaplain, Washington (D.C.) Medical Center

Sometimes technology helps us overcome what may seem to be insurmountable barriers. Perhaps one example is "telechaplaincy," spiritual care to patients and families through the telephone, voice only or voice and visual. For patients and families in need throughout the country thousands of in person visits have been replaced by virtual visits as chaplains adopt to the tremendous challenges of the pandemic.

I am a hospital chaplain at major inner-city health system who has had to adapt from direct patient visits to tele-chaplaincy visits. COVID-19 visitation protocols have had to be imposed on all chaplain visits, whether to a COVID-19 affected patient/family or not. Through my active participation in NAJC (Neshama: Association of Jewish Chaplains), I know that many of my chaplain colleagues across the country have had to make a similar adjustment. What follows are my experiences and adjustments in living this transition, a process still in progress.

Because of the pandemic face to face contact creates significant health care risks. The coronavirus pandemic has presented significant challenges and barriers for the delivery of many health care services, not only chaplaincy. Telechaplaincy is one form of telehealth which includes doctor-patient visits, physical therapy visits, and emotional therapy visits. Throughout the hospital providers are turning to technology and telehealth is a game changer in increasing access and the scope of health care services.

Because of the new safety and visitation protocols many chaplains, like me, have adapted their service to telechaplaincy, virtual, electronic visits. Most often, as in my facility, they take the form of traditional telephone calls. Other facilities are working on variations of FaceTime (™), Skype (™), and ZOOM (™) visual virtual chaplain visits, tackling their accompanying privacy and confidential safeguards.

This has been a mostly unexplored territory, but it presents many challenges and opportunities for providing spiritual care. A recently published study of telechaplaincy in an outpatient oncology center found patients reported very high satisfaction rates with chaplain visits by

telephone.[1] Over 90% of respondents reported they were "very satisfied" with a chaplain's ability to make them feel comfortable and to listen to them through a telephone visit.

How telechaplaincy is evolving - - The Challenge

The foundation of what a chaplain does has been based on face-to-face interaction. Its central element is what we refer to as presence. Simply being in the room may help to calm a patient, to create sacred space, to establish trust, and to provide comfort. All of these happen without a word being spoken – from mere presence. There is gold in this initial silence.

For the patient, and their close ones where visitors are present and permitted, when these elements come together, we have transformed the space. The patient becomes aware of her/his spirit, can touch the painful, and can be vulnerable. Together, we can begin to unpeel the layers.

That physical presence has been critical in setting the stage for the visit. In an instant, we scan the room for what my colleague, Chaplain Barry Pitegoff, BCC, has termed, "visitor droppings." These are the get well cards, flowers, balloons, cookies, and stuffed animals from other visitors before the chaplain entered. We look for the patient's apparent physical condition, the state of their gown, machines and lines attached, all combining to transmit a sense of relative comfort. We add to that a scan of the patient's visage, i.e., her/his face, demeanor, and sense of self. We have a sense of the unspoken, the state of the person's spirit. If visitors are allowed and present, what is their look of concern, their distance from the patient, their degrees of focus and distraction.

All of this needs to occur, even if we cannot be physically present. The challenges are so much greater when we are visiting through a phone or perhaps a tablet. We are all fighting loneliness and isolation. the pre-existing epidemics of our time. The pandemic exacerbated them.

How do we deal with the challenge? - - Creating Sacred Space

[1] Sprik, et al, "Using patient-reported religious/spiritual concerns to identify patients who accept chaplain interventions in an outpatient oncology setting."

Just as a conductor pauses before raising the baton, a chaplain pauses to create a sense of the sacred, for themselves and the patients to create a sense of sacred space. Some chaplains strive for this with a silent prayer, or a moment of meditation before entering the room. Some have personal mantras. Even when rushing to an emergency code or page, establishing the spirituality of the moment needs to occur.

As a professional Jewish chaplain, I strongly believe that G-D is present in the patient's room. Through Kabbalah/Jewish mysticism, I pray that the *Shechina*, the feminine aspect of G-D, is present in the room, accomplishing one of her critical care responsibilities, providing a comforting presence over the bed of the patient. When I arrive I treat it as sacred space. I work at making the patient feel her/his room is their sacred space, through silence, presence and warmth. I pray that I can help the patient feel G-D's spirit inside them.

In telechaplaincy, I create my own sacred space first. I am entering into a sacred task. This is much more than merely picking up a telephone receiver. I center myself. I pray for support to find the words, the presence, and the silent pauses to help the patients sense the sacred space around them. For telechaplaincy, there is a natural anxiety especially if the call is unsolicited. I need to recognize that anxiety and recognize the limitations. Candor helps – say at the outset what you know and don't know, such as being unaware of the patient's medical condition.

These calls can be challenging. Studies have shown that something like 25% of patients may be anxious upon receiving a call from a chaplain. It is important to recognize that anxiety and honor the patient's autonomy. Titles can be distracting and cause anxiety so it is better to just be a member of the spiritual care team, rather than a "chaplain." (This can be especially true for Jewish patients who expect chaplains are Christian). Ask the patient if they would like to talk and whether this is a good time to call. Explain why you are calling and assure confidentiality. Be casual. Being less formal will reduce anxiety. I often explain that there are all these medical providers taking care of their body, I'm just calling to check in on their spirit.

Being present with the patient is essential. I need to envision the patient and his/her room, their environment, the challenges they face. When the patient and I both sense that, our journey can travel much deeper. Together, we can unpack unpacking the story within the story.

I try to help the patients feel the sacred space around them. How do I do that? I invite them to talk about their room and how it feels. Perhaps there are items around that give them support, especially if they are in their

own home. I invite them to imagine other spaces that are nurturing - - their own home and their childhood homes in the past? What are their sanctuaries?

I want to move away from the physical to the spirit. What moves them? What gives them meaning? What is spiritual to them? What recharges them? What are their anthems?

Speaking with one elderly Jewish woman, she recalled the wonder of going to synagogue with her father as a five-year old. How wonderful it was to get dressed up and walk with him. She felt a sense of the sacred standing next to him as he prayed in silence. Touching that memory helped create her own sacred space.

How do we deal with the challenge? - - Creating Connection

Much of what we do as chaplains is to help patients know that their words are being heard. Our go-to primary tool has been non-verbal behavior, especially facial expressions and posture, and where appropriate a touch. As we like to say, "G-D designed us with two ears and one mouth for a reason." Sometimes, our physical expressions of concern, of hope, or cheer can convey more than words ever could.

What can we do when we are limited to only words? It is "chaplaincy with one hand behind our backs," as one colleague has written. Patients naturally focus on their bodies and their medical condition. They expect questions about their physical status. We aren't a medical practitioner, we are the soul doctor.

Therefore, early in the conversation, I connect with the patients by letting them know that I have a different purpose. "I know that you are getting lots of visits about your body and your medical condition, but I am with you for a different reason – I am here for your spirit."

How do I convey my engagement and my sense of the sacred where there is no physical presence? Only my words and the tone of my words together must convey that I am totally present for them, that I grasp their emotional and spiritual challenges. Therefore, I try to be more attentive and I try to create a sense of connection so they can feel my spiritual presence. I try to make them feel comfortable with their words. I let them know I am present to listen, to be a comforting presence, to help them share anything on their mind or their heart. I let them know that anything they want to share is a gift. G-D is there as our companion. G-D is there to embrace our fears, our worries, our anger, anxiety, and disappointments.

Usually my physical presence can convey so much about their words – my concern, support, sorrow, empathy. Those physical cues are missing. Limited to words, these words must substitute for my physical presence. Hampered by no physical expressions for my patients to see, I say more about how their words touch me and what feelings they evoke. It is critical that I permit their words to touch me. The quality of my voice is essential. The tone and pace of my speech must convey compassion. My patients need to know their feelings are vital and I am touched by those feelings. I try to convey that their words are received with compassion. I acknowledge their courage in expressing those feelings and validate them. I try to respond in a fashion that encourages the patients to go deeper, to share and to explore with me what might be painful and challenging. Being more responsive is vital; there are no nonverbal cues to validate that their feelings matter.

Listening is crucial and one develops a stronger sense of hearing to replace sight. When physically present we can see when our words miss the mark, when the patient cringes, looks aside, or is simply disinterested. In telechaplaincy one must listen more intensely to try to gauge how the patient is affected. You need to be willing to ask the patient how the words land for them, check out whether you are connecting. You must listen carefully to the quality of their voice and the emotions that may be residing. And you need to be attentive to the silence, and perhaps invite it to provide a chance for the feelings to arise.

Silence can pose special challenges. When a chaplain is present silence can be comfortable as both patient and chaplain inhabit the spiritual space and mere presence can communicate warmth and support. These signals are absent on the phone. One must try to be comfortable with the silence and perhaps reflect how the silence felt or one's perception of what the patient may be feeling. Or one can simply reflect that "silence can be a blessing."

These are very challenging encounters. Patients are grappling with isolation and loneliness and feel added anguish because they are separated from their families. I want them to know that the pain they suffer is valid; it is a reflection of the love in their family. We try to name the suffering and to find ways to provide support. I often explain that G-d is present in their suffering.

Prayer is a powerful tool for creating connection. I always ask the patient if they would like prayer for them and those who care for them. When the patient invites prayer, my goal is to transform the words of their

heart into the language of what we refer to as spontaneous prayer. Together, we reflect to G-D their hopes, fears and strivings, whatever is weighing on them. I want them to feel that G-D is present, G-D desires their prayers, and G-D is there to provide compassionate support.

Today, we see an increase in patients who self-describe as "spiritual, but not religious." For them, prayer may not be the best tool. I look for what gets them through difficult times, what gives them meaning, strength and support. Often, it is family, special friends, music, poetry, and meditation. The human spirit is amazingly diverse and amazingly resilient. I try to be assuring that I am there for their spirit, not with any religious agenda.

How do we deal with the challenge? - Acknowledging Blessings

As Simcha Weintraub observes in his essay acknowledging blessings can restore a sense of both fullness and promise. When appropriate I try to help the patient try to find things to be grateful for and recognize their blessings. In addition, I always let the patient know that I am grateful for inviting me into their sacred space. I am blessed that we have been able to visit. I reflect gratitude for the courage they have demonstrated by opening themselves to the spirit.

How do we deal with the challenge? - - Providing for the Patients' Family and Friends

This is a profoundly difficult time for patients' families. Health restrictions prevent them from coming to the hospital or severely restrict when they can visit, and the rules change frequently. Before the pandemic, families would often come together at a time of illness, providing support by being physically present. The family is a vital intermediary. In addition to support for the patient, the family provides information and insights to nurses and which can improve their care.

As spiritual caregivers, we offer care for "everyone in the room," the patient, the patient's family, and those close to the family. We offer to help them, with their hopes, fears and concerns, with some of the most difficult decisions they will ever make. We try to help them find the strength and the faith know they are not alone, to know they are blessed with others who care.

Because of current health restrictions, this is vastly more challenging. The barrier to visits can result in profound anguish. The families miss being present, they miss being able to touch and hold their loved one. They miss

being able to feed them, wash them, and care for them. Being deprived of these forms of support is painful. They suffer from a duality of grief: the potential loss of their loved one; and the present loss of their role as a caregiver.

I always try to reach out to the family members. I invite the patients' families to tell their spiritual and emotional concerns. I facilitate the connections with their loved one and with the medical staff. We can try to set up virtual calls over the Internet and by phone.

Sometimes, together, we can develop creative solutions to address concerns. For example, some families express concern that the staff might not really know "what is special" about the patient. This is especially a concern for COVID-19 patients and any patients who cannot communicate. I have worked with those families to create a "Who Am I?" statement: a description of who the patient is and what makes him or her special. We post that statement in the patient's room. Now, all the doctors, nurses and other caregivers have a much richer understanding of the real human being present before them. This can give the families a sense of empowerment, a sense that they are speaking when their loved one who cannot speak.

Prayer can be an essential element in offering spiritual support to families. When they want prayer, I always try to include a reflection of their words of care and concern. The anguish of not being with their loved one is tremendous. We seek to find words to help them cope with that challenge. (A prayer for family members distant from their relatives is in the appendix).

Virtual visits between chaplains and families can result in meaningful connections. One patient has been hospitalized since February. I speak with her husband regularly. He tells me about the anguish of the long journey of illness and how painful it is for his family. We pray together for the Eternal to heal his wife and strengthen her body and spirit. And then at the end we agree to have a virtual hug.

Even when we cannot be physically together, our spirits can embrace one another. That is the gift of telechaplaincy.