

Thoughts on Tele-Chaplaincy (Pastoral Care Visitation Via Phone)

Pastoral care over a phone affects many of the communication dynamics of the in-person pastoral encounter. When visiting in person, we chaplains take in much about patients from what we see and even smell, atop what we hear, to understand a situation. Through physical touch, like simply holding another's hand, we not only can quietly show our caring but be sensitive to certain physical cues, as when a patient grips our hand strongly at a particular point. We can convey presence in silent moments -- so-called "full" silence (versus "empty" or "awkward" silence) -- and with eye contact when we are simply right there. Moreover, we can offer gestures to put the patient at ease and toss to them the "lead," like pulling up a chair and sitting attentively. Such personal interaction is subtle and complex, and anything that limits it can be a disadvantage to our knowing patients and to their experiencing us.

So, what does it mean to try to provide patients with a full experience of pastoral care when we can only connect over a phone (--not even being able to use FaceTime), when we must work purely by means of audio, and when that audio may itself be of poor quality or inadequate volume?

The need to use a phone for pastoral care comes up in many ways, but the Covid-19 crisis is raising the prospect of a special need for people who are isolated for infection control, not just in the hospital but in quarantine at home. The following questions raise some basic issues of tele-chaplaincy, with the hope that it can be more than merely "phoning it in."

- 1) We should check to make sure the other person can hear us well. But, if the phone connection is poor, how might that push us to speak in a way we're not used to (which could, for example, affect spontaneity), and how might it affect the patient?
- 2) Do we need to be more explicit about who we are and our intention in connecting with the person? How might we need to make our introduction different than when visiting in person?
- 3) Should we acknowledge that a phone allows for a convenient connection but that it's not the same as visiting in person? (A phone may seem to hold an advantage for some patients who might appreciate the level of control and relative anonymity that a phone call affords them.)
- 4) Is there any way verbally to convey the experiences of eye contact, holding someone's hand, or pulling up a chair and sitting down with them?
- 5) What are the risks of trying to pick up on the emotions of a patient without the benefit of visual corroborations?
- 6) How might our practice and our timing (within a visit) of prayer be different using the phone?
- 7) Does a phone conversation generally encourage a chaplain to take a stronger or weaker lead?
- 8) How do we handle silence?
- 9) How might phone battery life and the fatigue of holding a phone come into play? What if there's a sudden need to end a conversation, or the phone simply dies?
- 10) What of our practice of in-person visits with patients who are visually or hearing impaired might inform our practice for tele-chaplaincy?