

There are many ways to leave a visit:

† Thanksgiving: “Thank you for your time today. I look forward to seeing you again.” If there is anything that you admire or acknowledge about the person, state it. Comment on something they have shared on which you want to follow up. “I am honored that you have shared your struggle with me today. I see so much courage in your ability to talk about your fears.”

† Make a summary comment of significant themes with any actions that were going to be taken. “We have talked about your concern about your house while you are away. I said I would call your daughter and let her know of your concern.” **DON'T OVER-PROMISE** out of anxiety or out of emotionality. It is much better to avoid promises, than to make and break them.

† Ask them about coming back or if there are people that need to know that they are in the hospital. Be direct; “It’s time for me to go. I will be leaving now.”

† Make a statement about your boundaries in a kind way, “I have to leave now. I have enjoyed our time together.”

After the visit, take time to reflect and renew yourself. Scan your awareness for any leftover concerns that you have, or surprising thoughts that bubble to the surface. Work with these in your journal, your spiritual direction, therapy and/or prayers. You can learn a great deal about how to improve through reflecting on what arises in your reflections, in your dreams and in your relationships.

Pastoral listening can be exhausting work. Reward yourself for your ministry and find ways to refuel your spirit.

A GUIDE TO VISITING THE SICK OR HOMEBOUND



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Sharing a prayer out loud is very meaningful to many but NOT all people. If you know that the person expects and wants prayer, offer prayer. Some people are private and protective, particularly concerning their prayer life. People have different beliefs about how prayer is effective. People can be offended by religious language that does not represent their experience of God and understanding of prayer. People have been wounded by people who have “preyed upon them” rather than prayed for them.

If you do not know someone well, you can ask, “what brings you comfort during this time?” Many people will say prayer or Scripture. You can follow up on what they share is comforting. You may ask how they like to pray: alone, together, now or later. They may want to share their own prayer or have you pray with them now. They may prefer for you to pray later when they are alone. If they want prayer now, you can ask about what concerns they want to address in the prayer. Sometimes concerns are mentioned that are surprising and have not been addressed in the visit. Leave some time to address those concerns. Keep the prayer short, specific and accurately hopeful. Share any affirmations that you honestly have, such as how honored you are to witness their story.

ENDING A VISIT

An average hospital visit is about 5 to 10 minutes with some good visits as short as 3 minutes. A visit during a crisis situation may be shorter or much longer. In a routine visit, keep the visit short unless a person brings up significant content that they obviously need to discuss.

People long for someone to be a witness for their stories. They need someone to attend to them with compassion and acceptance so they can overhear themselves with grace, wisdom and accuracy. Often we make meaning of our stories while we overhear what we say to others. We make new connections to themes such as grace, forgiveness, repentance and what it means to be faithful. We gain inspiration. We grieve the losses and the injuries of our lives. We find perspective.

One assessment is to ask about their joy. What is interfering with joy? What brings you joy?

Serving as a witness requires patience, maturity and the ability to tolerate confusion, anxiety and uncertainty. This is different from witnessing to the person about your own faith and experience which may be important in other settings. In the hospital we are serving as a witness to their conversation, honoring them with our attentive listening, not attempting to convert them to our own way of believing. Your basic interest can be communicated with open ended questions, spontaneous, honest and authentic connection with your own experience, and the sacrifice of your comfort as you enter into their experience.

Are you gentle with yourself? Do you take the time you deserve to nurture yourself? Are there people who treat you as “beloved?” Recently in a large group of near strangers, a young child beamed at me with the statement: “everyone here loves me.” Can you remember that oceanic feeling of oneness and acceptance? Your capacity for empathy with yourself and those closest to you indicate how well you are maintaining, sustaining and taking care of your resources.

INTRODUCTION

The visitation of sick and homebound members is a special call. Christians reach towards people who are often suffering, sad or hurting to bring the light of God’s love as embodied in Jesus Christ.

This is a guide to help you visit members who are in the home or the hospital on behalf of the congregation. As you visit, you are designated to attend to religious and spiritual needs as part of the congregational leadership.

I will begin with core information and specific “how to’s” and then explore the complexity of this remarkable call to visitation.

FIRST FACTS

† Plan the timing of your visit. In the home there may be periods when the person has more energy for a visit. For example, people with Parkinson’s disease often prefer mid-afternoon visits rather than morning. In the hospital the family may be protective of the limited time in places like the Intensive Care Unit. There will be fewer interruptions for your visits in the late afternoon and the early evening.

† Know the area of the city or the clinic/hospital and have good directions, along with any special information about parking. For a hospital, you will need to know how to spell the person’s formal name and that they are accepting visitors. Without this information, you may be frustrated or miss the opportunity to visit.

† Know your role, your goal and the context of the visit so that you are clear about to whom you would report any concerns. You will keep all private information that you learn in the visit confidential. This protects the trust you are establishing with the person, but you may need to share some details with the clergy so that follow up plans can be made.

† When you arrive at a clinic, senior facility or hospital, check at the reception desk of the unit. Let them know who you are and that you are visiting on behalf of a faith congregation. When you reach the room, if there is someone outside the door, ask again.

† If the door says “no visitors” or a sign about “precautions,” speak to the person’s designated nurse. She or he can direct you about what is required to visit. Often a unit has a “charge nurse” that oversees patient care. If there are signs on the doors, this may concern “precautions” indicating you may need to wear a mask and/or gown and gloves.

† Wash your hands before and after each visit. This protects you and the person from the dangers of infection. Look for rest-rooms, waterless cleanser dispensers or sinks in the hallway, use one in the room (not in the bathroom) or bring a waterless cleanser. Everyone will appreciate that you are attentive to their safety.

The basic hospital room or home entry: If the door is closed, knock quietly. Listen for a response. If no response comes and if it is a heavy door such that you do not believe you could hear a response, knock more soundly. For a hospital room you may need to open the door slightly and knock. If you still don’t hear any

people in the room. Without self awareness, subtly you will make the other person take care of you and create discomfort.

People under the stress of hospitalization, illness or disability are different than you may expect. People are more anxious, or less anxious, and they manifest their unique experience in different ways. Usually people tire easily and are more dependent, but they may be more independent or private. They can be less clear about their needs and have difficulty with concentration, memory or confidence. They may be more irritable or more compliant. Therefore remaining attentive to non-verbal communication is even more important.

The tools of pastoral care are yourself, your faith, your belief system, your understanding of God and your history of helpful relationships. Do not underestimate the power of your loving presence, even of your own doubts and struggles. The work, study and exploration you have done to be reconciled with your own story and the larger story of the Christian faith are powerful tools. Your own wrestling with God, faith, church and family serve as resources. Your wrestling allows you to be fully present as they go through their own journey to deepen their awareness of God. Our own wrestling is the ring in which we develop the capacity to coach someone else’s wrestling. Part of that wrestling includes the acknowledgment and understanding of suffering, the human condition and evil. For all these paradoxes there are answers that are simple, easy and WRONG. Any healing and self awareness work you do to develop your inner world, your relationships, faith, theology and wisdom will enhance your ability to be a faithful witness in your pastoral visitation.

The main conversation: The complexity of the main pastoral, spiritual and religious conversation can be explored for a lifetime. Spiritual maturity, direct supervision and the use of the verbatim account or taping are key tools in this exploration. No amount of advice can substitute for individual supervision and personal exploration.

There are so many ways **not** to LISTEN; so many ways to interrupt, derail or distract. Listening is hard sacrificial work, requiring attention, maturity and skills. Some people ask too many questions and interrogate the person, trying to be helpful. Others are too passive and lack initiative in the visit. Pep talks and encouragement can be a sign of the speaker's anxiety, and may not be helpful. Your desire to help can actually harm the person, creating dependency and a sense of inadequacy.

The art is to be active enough to let the speaker decide the direction of the conversation. **Minimize advice, judgments, comparisons or corrections:** THIS IS MORE DIFFICULT THAN IT SOUNDS!

Overarching themes: What are the goals of your service, your call? Do you seek to represent the love of God and/or the support of the faith congregation? Do you want to offer comfort or support; encouragement? Do you seek to be kind, attentive and honest? The love of God is often communicated by a genuine interest in the person, their story and how they are coping with this experience without the anxious need to provide comfort. To fully realize these in your service, your work is to know your own feelings and needs, and to attend to the feelings and needs of the person or

response, you may call out something like: "Hello, Ms. Smith? May I come in?"

If you still get no response you have several options depending on your relationship with the clinical area, the home and your comfort level with the unexpected. In a hospital or senior facility, you can retreat, introduce yourself and ask at the nursing station if the person is in the room. You can leave a card or note either at the home or with the nurse or receptionist.

If you decide to go into a hospital room to leave a note, be prepared to surprise someone half dressed coming out of the bathroom!

When you get into the home or into the room: Cheerful people can wear out their welcome as fast as those that are depressed or negative. Your goal will be to meet people where they are emotionally and spiritually. Practice an introduction that is short and clear about who you are, why you are here and what you know. An effective introduction is in a tone that is neutral, confident, and open to moving in several directions. Do not quiz them or expect them to remember you. "Hello, Ms. Jones. I am Linda Smith, a visitor from ... (e.g. your congregation). I provide visitation to congregation members on Tuesdays. Is this a good time for us to talk?" Avoid asking, "Why are you here?" to people in the hospital; this information may be sensitive. Instead you can say, "Tell me about your day today."

As you enter, slow down and take notice of what is going on in the room, with the person and around you.

† Are they “indisposed” in some way such as on the bedpan or in physical discomfort? You can say “This seems to be a bad time for a visit. I can step out and come back later.”

† Are the curtains drawn? Is the TV on? They may be watching a favorite program. Be attentive to their facial expression and the cues they give you with their bodies. Are there flowers, cards, and a bathrobe? Does the house seem to need attention? You may need to share concerns with the clergy about the person.

† If possible, sit or stand so the person can see and hear you without assuming an awkward position or staring into a bright light. Know your tendencies and work to contain them: Do you: talk too much, talk too little, stay too long, leave quickly, cheer people up, make them depressed? Avoid making assumptions (e.g. they won’t talk to a stranger, unrequested visits are intrusive, unwanted, unwelcome; they know who I am, or I know what they need, etc.)

† Illness, hospitalization and being homebound creates unique needs, challenges and desires. Don’t assume or say that you know what they are experiencing.

† Avoid clichés. Instead check out your assumptions with clear open ended questions. “Is this a good time for a visit?” “You look like you are in pain (tired, preoccupied); is that true?” “Would you like for me to stay with you as you deal with this pain or come back at another time?”

† Please do not use the toilet or bathroom in the patient room and avoid using the bathroom in the home. There may be items or smells that are embarrassing.

† If the visit is going well, you may ask if you can be seated in a chair, NOT ON THE BED.

† IF other people are in the room, include them. Working with couples and groups is complex.

INTERRUPTIONS

Interruptions are a unique challenge to visitation. When you visit in the hospital and a medical person or group interrupts your visit, you have several options. Remember that they are busy professionals with demanding schedules and they may not key into your needs. Usually it is helpful to introduce yourself to them with quiet assertiveness and offer to step out of the room. Often patients prefer for you to leave so they can see the medical person or have the test/procedure.

There are rare occasions when you are in a very private and intense conversation with a person who indicates to you they want to continue rather than allow the doctor or visitor to interrupt. You can check this perception out with the person and then ask the staff if it is possible for them to come back later. (“Ms. Smith has requested that we continue our conversation and that you come back later. I appreciate that this may be difficult or impossible. How would this work for your schedule?”) The staff member may voluntarily elect to excuse themselves. With the doctor or staff member present, the person may request that you remain. IF you are very comfortable and firmly believe the person’s invitation is genuine, you can accept this offer. Please be sure the person wants you to stay and you have reason to believe this is a good decision. IF you need to step out, ask how long the interruption will be. You may want and need to bring a quick closure to the visit, and suggest you will return another time. If you have pressing time constraints, say so.