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# PASTORAL CARE DURING COVID-19-CRISIS – FIRST RESULTS

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## PASTORAL CARE IS PERCEIVED IN ITS SOCIALLY RELEVANT FUNCTION - AND MUST BE EXPANDED

Three issues of relevance to pastoral care and digital communication have been brought to light by the SARS-CoV-2 outbreak:

**First**, the pandemic and the accompanying phenomena such as exit restrictions affect the mental health of many people. The prevalence of anxiety, depression and stress has increased all over the world (Salari et al. 2020). Social isolation, but also domestic violence and concerns about the future have increased (Diamond 2020; Usher et al. 2020). Such situations are often occasions for pastoral care and counselling, which is why this support was often requested by telephone at the height of the crisis (Armbruster & Klotzbücher 2020). This points to the overall social necessity of pastoral care and counselling.

**Secondly**, the crisis and its consequences have created a new awareness of the vulnerability of human beings in their relationships and the challenges they face in dealing with each other, especially due to social restrictions. Social relationships are central to human coexistence and communication is essential. Due to the restrictions, communicative interaction shifted to the digital sphere. This has highlighted the potential of social media and also made people more aware of their opportunities and limitations.

**Thirdly**, it became clear that in the field of pastoral care and counselling there is a considerable deficit in digital communication formats. On the one hand, this concerns the perception of what already takes place as pastoral communication via social media and how such media are used for the needs of pastoral care today (Reimann 2020). Especially low-threshold points of contact from everyday conversational situations are opportunities for pastoral contacts and can initiate counselling and pastoral care and facilitate the search for support. On the other hand, there is an urgent need to expand the possibilities of protected digital areas, which are needed for conversations within the framework of pastoral secrecy and must therefore be made available especially for people in crisis situations. So

far, especially in the context of the crisis, very good experiences have been made in the pastoral care by telephone or in church counselling centres, for example pastoral care via email and chat (Armbruster & Klotzbücher 2020). There is an urgent need for the comprehensive perception of new forms of pastoral communication and their expansion, because already now and even more so in the future such forms of communication are of great importance for the context of church, pastoral care and counselling, even beyond the current crisis.

## BISHERIGE ERKENNTNISSE ZUR SEELSORGE

Good experiences in pastoral care have been made during the crisis in telephone based pastoral care or in church counselling centres, for example in pastoral care via chat or email. There is an urgent need for a comprehensive awareness of new forms of pastoral communication and their expansion, because such forms of communication are already of great importance for the context of the church, pastoral care and counselling, and will continue to be even more so in the future, even beyond the crisis situation.

**Previous studies on pastoral care during the Corona crisis** show the relevance of pastoral care in times of crisis. At the beginning of the social restrictions, contacts to telephone pastoral care increased by 20%. Topics such as general anxiety, family violence, loneliness and suicidal ideas played a far more important role than financial worries or fear of infection (Armbruster & Klotzbücher 2020). Those empirical studies which are devoted to activities in the church setting look primarily at life within the church in its diversity, which has also been developed in the digital space as a result of the crisis. Here, digital church services, opportunities for participation or diaconal services are of particular interest. Pastoral care is not or only marginally mentioned here, despite its relevance to society as a whole. The studies initiated so far show that digitisation has not only been well received in the church, but is being further developed consistently and productively.<sup>1</sup> However, the mentioned studies concentrate mainly on forms of preaching such as forms of worship on YouTube or changed church practices. Pastoral care, on the other hand, is an offer of care not only in the inner-church space, with the focus on proclaiming the Christian message, but also supports people in crises or with questions of life and faith in the most diverse contexts, regardless of denomination or culture. In the context of digital communication networks, pastoral care can contribute to the prevention of mental problems, especially from a community perspective (Winter 2006; Haußmann & Hautzinger 2018; Haußmann 2020a; Haußmann et al. 2020a; Haußmann et al. 2020b; Haußmann et al., 2020c). This is mainly achieved through social support, which has proven to be a protective factor for mental health during the crisis and beyond (Bauer et al. 2020; Jakob & Weyel 2020).

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<sup>1</sup> See the world-wide study „churches online in times of corona“ ([www.contoc.org](http://www.contoc.org)); study of the church of Germany (EKD) on digital communication (<https://www.ekd.de/midi-studie-ergebnisse-kirche-digital-corona-56563.htm>).

**In the context of clinical pastoral care and palliative or spiritual care**, the crucial function of pastoral care in supporting socially isolated, sick or marginalised groups during the corona crisis has been demonstrated and still is important (Ferrell et al. 2020). However, in the context of pastoral care - with the exception of telephone pastoral care - there has been a decline in pastoral care opportunities. Pastoral carers were largely denied access to nursing homes or hospitals (Roser et al. 2020), community pastoral carers no longer had access to contacts and made increased use of the telephone, as there is no protected platform for pastoral interaction outside of telephone pastoral care. Especially the spiritual aspect of counselling and spiritual needs were often neglected (Frick 2020; Ferrell et al. 2020). Promising approaches in the era of physical distancing were the maintenance of contact via digital formats, such as video-telephony (Drummond & Carey 2020; Byrne & Nuzum 2020). The pastoral possibilities offered by social media are far from being fully exploited.

**Especially the spontaneous, improvised and newly grown forms of various pastoral approaches can now be identified, evaluated, established and expanded in order to offer new contact possibilities for current and future developments and crises. Thus, those who would otherwise be marginalized under the radar of public perception could be heard, supported and accompanied.**

(literature: auf Nachfrage bei A. Haußmann)

## EMPIRICAL STUDY SPRING 2020 – PREVIOUS PREPRINT RESULTS

The online study was conducted shortly after the outbreak of SARS-CoV-2 (24 April 2020 to 1 June 2020). Across Germany, n=307 pastors, deacons and vicars were asked about their experiences with pastoral care during the pandemic. The study addressed questions as:

- What experiences did pastoral workers have during the lockdown?
- With which people do they come into contact?
- What is the result of contact limitations and how does pastoral care change compared to before the crisis?
- What topics are articulated in the pastoral care contacts?
- Which media are used for pastoral care contacts?
- What about contact with mentally ill or burdened people?
- What wishes do pastoral workers have for further training and support?

## **First results show:**

1. **The face-to-face personal conversation decreased by about 30%** due to the initial restriction of contacts.
2. **Pastoral care has suffered an extreme disruption in occasional contacts:** here the possibility of contact has fallen to almost half of the contacts that were made before the restrictions.
3. **Other media channels have been increasingly used for pastoral contacts.** First and foremost the telephone. The use of digital media increased significantly (e.g. email, WhatsApp, Instagram, Facebook).
4. **Topics of communication** are, apart from specific fears, worries about the future and insecurity, primarily the need to "just talk to someone" and the desire for encouragement and
5. **Contacts with mentally ill people are decreasing.** According to initial analyses, this means above all that pastoral care could not take place as before where it is most urgently needed, namely in the area of mental stress. An important area of pastoral care has thus undergone an enormous cutback.
6. **Pastoral care workers express a high degree of dissatisfaction** that they can no longer carry out their pastoral work as usual and have to leave patients, staff in hospitals or old people's homes, pastoral workers and their relatives alone.
7. **Changes according to digitization or different media use are seen as drastic, but also as promising.** What is missing are personal, co-present encounters in pastoral care. Pastoral workers particularly miss spontaneously arising encounters as pastoral care on occasion. Also the exchange between pastoral care colleagues is perceived as insufficient.
8. **Pastoral workers actively sought new pastoral care opportunities and created new services:** Active contact is made, for example, through systematic telephone calls to the congregation or to the special pastoral care field, sending greeting cards, impulses to preach via digital media, pastoral care via video telephone, open church.
9. **There is a strong need for pastoral care workers to continue to provide pastoral support.** They try to creatively overcome the given hurdles and look for new options for the creation and initiation of pastoral contacts. The need to provide pastoral care and the motivation to make this possible somehow must be considered extremely high in view of the many responses and the information provided. This clearly speaks for the high level of commitment of pastoral workers during the Corona pandemic in view of the institutional prevention of pastoral care opportunities.
10. **Wishes for the own pastoral care practice** are an increased exchange with colleagues and the offer of further training in the use of digital media.

## SOME STATEMENTS ON PASTORAL CARE

*"visiting pastoral care in the clinic is not possible as usual; enquiries are always made through the nursing staff. Visits from relatives are largely prohibited, pastoral care must be provided at a distance and with MNS [oral protection], which makes it much more difficult to make contact, because the pastoral worker is no longer really seen and badly heard. There is also a certain concern that, despite the availability of protective clothing, transmission to other patients or risk patients in the private sphere could occur. Finally, I really miss the direct collegial exchange."*

*"Direct contact with groups that would potentially benefit from pastoral care (people in old people's homes, hospitals, on the street, etc.) is not possible, which means that pastoral care can hardly or not at all take place. This is very (!) unsatisfactory."*

*"The opportunities for unhindered contact are gone. One does not meet, one does not see each other... Visits were not possible; telephone conversations usually cannot replace them."*

*"Contacts with young people in youth work and pastoral care in schools have largely collapsed. Video conferencing is not suitable for initiating pastoral contacts (neither by the person concerned nor by the pastoral worker). Long-term accompaniment also decreases in intensity, as it is usually connected with joint activities and requests in the spontaneous encounter."*

*"The rehabilitation clinics for which I am responsible are largely closed. I concentrate on the acute hospital in order to ensure maximum safety for patients with staff that I am not contagious."*

*"Previously, my hospital pastoral care service consisted of visits to the wards. Now I accompany relatives during video phone calls with patients on Covid wards. In school chaplaincy there are still seldom telephone calls with colleagues and small spiritual impulses for classes via the Internet, but no rituals or conversations with pupils."*

*"Since the beginning of the Corona pandemic I have tried to call people and maintain contacts by telephone. In addition, I have increasingly offered pastoral care, contacts and encouragement in the open church, as well as via our church homepage and on facebook."*

## INTERIM CONCLUSIONS

Pastoral care is urgently needed by people especially in times of crisis. The limitations were experienced by the pastoral workers as drastic and frustrating. Very often pastoral care can no longer be provided as usual. Occasional meetings hardly ever took place due to the restrictions. Institutions such as clinics or old people's homes sometimes no longer allowed pastoral workers to enter.

However, the reactions to this were mainly characterised by a high level of creativity and activity. Pastoral workers were looking for new ways of establishing contacts for pastoral care, especially in the field of digital communication. The relationship between active contact and passive suffering in the situation must also be reflected theologically.

In the future, the expansion of pastoral care with regard to digital communication possibilities is urgently needed so that pastoral care can respond to crisis situations in a supportive manner and alternatives to co-present encounter are available. The opportunities and risks of such forms of communication must be considered equally.