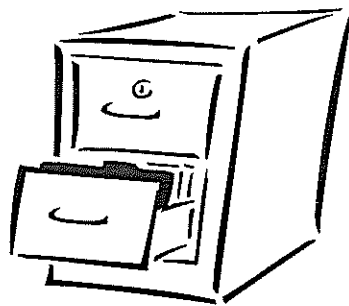


BIKUR CHOLIM RESOURCES



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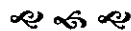
WHAT IS BIKUR CHOLIM?

Bikur Cholim is Hebrew for “visiting the sick” – but it is much more.

Bikur Cholim is one of the important deeds included in *Gemilut Chassadim* – the performance of deeds of loving kindness. These acts of loving-kindness was viewed by the sages as one of “three pillars of Judaism upon which the continued existence of the world depends,” along with Torah and *Avodah*/prayer (Pirke Avot, Ethics of the Fathers, 1:2). Some Rabbinical authorities maintain that *Bikur Cholim* is one of the 613 commandments of the Torah. Others also hold that it is derived from the precept, “You shall love your neighbor as yourself” (Leviticus 19:18).

The tradition of *Bikur Cholim* was part and parcel of Jewish life for centuries, wherever Jews lived. The mitzvah found expression in the formation of *Bikur Cholim* societies in villages, towns and cities in all parts of the Jewish world. It was an accepted practice for neighbors, friends and people in the community to visit those who were sick, disabled, elderly and lonely and to minister to their needs – to provide care for the sick, to bring them food, to maintain their households, and to care for members of their families.

The Jewish people view the mitzvah of *Bikur Cholim* to be an essential social obligation reflective of the mitzvot guiding “man’s relationship to man.”



The *Shekhinah* (Divine Presence) rests above the bed of one who is ill.
– Babylonian Talmud, Shabbat 12b

Do not shrink from visiting the sick; in this way you will make yourself loved.
– Ben Sira 7:35



SEVEN WAYS OF LISTENING

“We live in a world of sounds, but we seldom *listen*.”

1. Take time to listen; it may help to clarify the issues.
2. Be sensitive; try to put yourself in the other's person's place.
3. React verbally and non-verbally; use eloquent and encouraging grunts, head movement, facial and hand gestures as appropriate.
4. Don't probe for additional facts; deal with the feelings being expressed.
5. Refrain from making judgments of what's being said; don't give direct advice, even if asked. Reflect the question back.
6. Listen between the lines; be aware of feelings, body language, and areas of avoidance.
7. Remember they are really talking things out with themselves; given the chance, they will work things out. Let them make the decisions.

SEVEN WAYS OF ASKING

When we reach out to help someone who is ill, we often forget that there may be a loved one in the role of caregiver, who is equally in need of support and/or concrete help. But simply asking “How are you?” may not convey authentic, personal interest and may not open up an honest, expressive response. Some people who are suffering have criticized this common question because it doesn't seem to acknowledge the very different course their life has taken, and seems to come “attached” to automatic, expected answers such as “I'm okay” or “Fine, thanks,” which may not be a sincere reply, or may not be the whole story. So here are seven alternative ways of asking.

1. How are you doing with all of this?
2. How are your spirits?
3. How are you hanging in?
4. What do you need the most, right now?
5. What's helping you get through this?
6. What's been on your mind as you try to cope with all of this?
7. What are some of the obstacles to your managing/coping?

TIPS FOR VISITING

Bikur Cholim visits may take place anywhere. Mentally prepare for the environment you will be entering– the sights, sounds or smells you may encounter.

Know what you can do, and offer only what you can.

If a person declines a visit, then a phone call or a get-well card conveys caring and you can try to visit later.

Prepare yourself to be present and attentive.

- Familiarize yourself with the person's condition.
- Center yourself. Leave your personal concerns at the door.
- Maintain eye contact and concentrate on the person you are visiting.

Give control as much as possible – ask permission of the person first before you do for them.

- Touch is a powerful gesture and should be done with permission.

Let the person take the lead in conversation.

Keep conversations centered on the patient. Acknowledge their feelings with statements reflecting their comments.

Respect and follow the person's lead.

- Sometimes the person being visited may prefer to talk about neutral or external topics, such as the weather, current events or sports, rather than personal experiences and feelings.

Be aware of how you empathize.

- Express your caring by listening and being attentive.
- Avoid clichés such as “hang in there,” “don't worry,” or “it's all for the best.”
- Don't be too quick to say, “I know how you feel.” You might not. We all experience things subjectively and such statements might be seen as dismissive of a patient's feelings.
- Unless you get a strong indication that you and the person you are visiting do indeed share similar feelings, it may be more productive to say, “I don't know how you feel but I am here listening.”

Figure out how you can be of tangible assistance.

- Drop off a newspaper, magazine or book.
- Write a kind note or send a thoughtful card.
- Bring a glass of water or help prepare a meal.
- Straighten a blanket or fluff up a pillow.

Think about simple things you can do on the visit.

- Widen their world with news from outside.
- Help them walk around their room, or further, if possible, and if medically permitted.
- Look around the room/house for cues to engage in conversation.
- Use humor while remaining sensitive to the person's situation. (“He who laughs, lasts.”)

A basic tenet of *Bikur Cholim*: Confidentiality – A “sacred trust”

Those who are being visited need to know that those who visit them will keep the content of their meetings confidential. Respect patients' right to privacy. Keep information about them confidential. Emphasize this as an essential value and practice of *Bikur Cholim*.

Excerpted from: *Turn to Me* Study Guide; *Turn to Me* is the *Bikur Cholim* documentary produced by the Bikur Cholim Coordinating Council and available on DVD & VHS.

Conversation Essentials...

Visiting is an investment of time and includes attention, patience, perceptive listening, sincere concern, openness, and communication skills.

As in all verbal communication, tone of voice is very important and can change the meaning behind the question.

Below are techniques to help facilitate communication when making a visit or talking with the person on the phone:

*"Pleasant words
are like a
honeycomb,
sweet to the
palate and a
cure for the
body"*
—Proverbs
16:24

Open-ended questions

- Use questions that elicit an in-depth response, one that cannot be answered with "yes" or "no."
- Use "How" and "What" instead of "Do," "Did," and "Were."
- Examples:
 - Are you feeling upset right now? (Closed)
 - How do you feel right now? (Open)
 - Do you like to read? (Closed)
 - What are some activities that you enjoy doing? (Open)
- Open ended questions are good conversation starters:
 - What was it like growing up in the 1930s (or other date)?
 - How is your family doing?
 - What do you think about_____?

Help the person expand

- "Tell me more..."
- "Tell me about it..."
- "You seem upset..."

Ask questions to better understand

- "I'm not sure I really know what you mean when you say..."
- "Let's go over that one more time."

Redirect the conversation

- "Thank you for your concern, but I'd really like to hear about..."
- "You mentioned before that..."
- "Let's go back to..."

COMMUNICATION WITH ELDERLY PERSONS

Communication is the giving and sharing of time, ideas, experience, interests and companionships. It is concentrated listening which says "I care about you".

When you effectively communicate with the elderly you help:

relieve loneliness	stimulate thinking
establish mutual respect	exchange ideas & experiences
foster friendships	restore self-worth

Remember, *an open invitation to talk is a gift.*

Here are some suggestions to keep in mind for more effective communication:

EXPLAIN YOUR ROLE

- Give simplified explanation of why you are there and your interest in the resident and home. Introducing yourself; state why you are there and how long you are staying.

OBSERVE AS YOU LISTEN

- Note the residents' reasoning powers, possible deafness poor vision, memory losses, the people and things that mean something to him, current interests and strengths that can be built on.
- Observe the residents ability to understand, reason, see, hear and remember. Adapt accordingly.
- Never look bored; concentrate with full attention.
- Speak slowly, clearly and simply in a normal voice never shout
- Use humor and laughter whenever possible. It has therapeutic properties
- Encourage the other person to talk – do not monopolize the conversation.

BE A GOOD LISTENER

- Many older people have a real need to talk. Some have rich backgrounds to share. Let this information come voluntarily to avoid probing into a painful past. Others have problems and complaints and although the volunteer does not interfere or give advice, it is helpful for the resident to express his feelings. Encourage the resident to talk. Don't monopolize the visiting time by talking about yourself.

REMEMBER NAMES

- It is easy to lose your individuality when living in a nursing home with others. To be remembered by name means a great deal. Ask resident how he/she likes to be addressed (ex. Mr./Mrs./Miss or by first name). Remember names, even if yours is forgotten.

CREATE A COMFORTABLE ENVIRONMENT

- 60% of communication is body language - be informal.
- Use positive feedback.
- Maintain eye contact, an open, friendly relaxed position and SMILE.
- Draw up a chair close enough for good vision and hearing, but not too close.

BE PATIENT

- Older people may be slow to respond and may not show immediate enthusiasm for new activities. They may repeat themselves. They may be very frank about likes and dislikes.

ENCOURAGE

- Encourage residents to do as much as they can for themselves. Allow them to proceed at their own pace. It is wise to examine carefully the basis for their refusal to participate. They may be afraid of being embarrassed in a situation in which they feel they are unable to cope. Make light of any mistakes made.

CONSIDER ALL MEMBERS OF THE GROUP

- When working in a group setting, remember the shy and retiring may need extra support while the aggressive may need to be directed from dictating to others. You will find someone easier to relate

Being a Telephone Visitor...

The ubiquitous telephone! How many of us have gotten calls that lift our spirits or warm our hearts? With forethought and skill the telephone can be used for bikur cholim in a meaningful and efficient way. Many points of visiting are the same whether face-to-face or via the telephone, but some are different. Both require us to be mindful of the ways we use ourselves so that we are most helpful when we visit.

People who are ill, have disabilities, are elderly, and/or homebound may frequently find themselves increasingly isolated. As a telephone visitor, you can bring hope to someone in need—including the need to know that someone cares. This can be done through a casual conversation, news from the community, an interesting story, or even a few shared moments of silence. Visitors benefit by performing a valuable mitzvah and often gain a sense of satisfaction and self-worth. In these ways, telephone visiting can play a vital role in the life of our community.

Techniques for the Telephone Visitor

Those you call should be prepared for the brief, limited type of contact you will be making with them. Both caller and recipient need to know, appreciate, and accept these boundaries. Within a synagogue, understanding the nature of the call can be communicated through an article in the news bulletin, through the rabbi, or through the people in the community getting the word out about the program and finding out who needs a call.

Some communities have people calling when someone returns from the hospital, when finished with Shiva, or has a new baby. Calls can be daily to check on someone's well being or weekly to lift someone's spirit.

Beginning a telephone relationship

- Keep in mind your main job is to develop a friendly, trusting and limited telephone relationship.
- Agree on a time and day of the phone call.
- Be sure to have emergency number and emergency plan if there is no answer.
- For the first few calls, continue to formally introduce yourself until you feel the person easily recognizes you and understands why you are calling.
- Record any specific information or current issues in your person's life so you may remember and refer to it the next time you call.

Telephone conversation may require verbal feedback, "I'm listening," as commentary to reassure the person you called that you are "with them" in the absence of face to face interaction. Silence, under the circumstances of telephone visiting, is not necessarily golden!

Suggested conversation for the telephone call

Being a Telephone Visitor... continued

- Formally introduce yourself until the person easily recognizes you, i.e., "Hello, this is _____, your Telephone Visitor," from Synagogue or Congregation, etc."
- Follow with questions such as, "I'm calling to say hello and want to know if everything is okay," "How are you today?" "How are you feeling?" "Anything you think I might need to know?" etc.
- Close your conversation with, "Okay, I just wanted to check in (wish you a good Shabbos...) and will call you again _____."

Ending a Visit — Saying Goodbye

Establish the following routine from the first phone call:

- Keep track of the time
- *Before* it is time to say goodbye, prepare by saying something like "It is almost time for me to say goodbye for today."
- Review the day and time of next visit, perhaps mentioning what you might plan to discuss. Express your enjoyment of the time spent that day.

Should there appear to be a problem developing in the person's life

Clearly there will be those times when something is happening, and obtaining more information during your phone call is appropriate.

Once you have a sense or a picture of the problem, state that you are concerned about the person and what he/she is saying to you. Explain that you would like to help and the best way you can do this is to share what has been told to you with the Coordinator or Rabbi confidentially. If he/she agrees to this, call the Coordinator or Rabbi.

The person might be resistant to this. It is important to respect their wishes and privacy. In this case, discuss the situation in confidence with a member of your Bikur Cholim Committee or synagogue so that together you can strategize how you might proceed.

Being a Telephone Visitor...

Participation as a bikur cholim visitor will bring you satisfaction, growth, and strength of spirit. The work is rewarding. Keep in mind the importance of knowing your strengths and limitations. Our personal experiences with and feelings about illness, disability, aging, death and dying all influence our reactions and relationships to those we visit.

On Boundaries:

"When we have good intentions and are clear that what we are doing has merit, then when we set boundaries we need not be apologetic, and there is no shame in that for ourselves or for the other. Healthy boundaries are established when the attributes of lovingkindness and strength are in balance..."

—*Rabbi Uzi Weingarten, "Communicating with Compassion" 2003*

Signs you may be too involved

1. You are distracted at home and find yourself frequently wanting to talk about the person you are visiting. You are unable to get the patient off your mind.
2. You are overwhelmed by your own feelings of fear, anger and helplessness.
3. You find yourself saying "that could be me."

Factors influencing burn-out

1. Lack of boundaries of what you/your group can and can not do.
2. Unrealistic expectations, spreading yourself too thin or wanting to 'fix' people's problems.
3. Identifying too closely with a patient's experience, reminding you of yourself or a loved one who suffered.

Saying "NO"

It is especially hard to say NO to two groups of people: people for whom we feel sorry and people for whom we care. Remember your role, your intentions and your limits. But when asked to do something that you do not feel comfortable doing, it can still be hard to decline.

Be as brief as possible:

Simply state a legitimate reason for your refusal, "I really don't have the time," and avoid elaborate explanations, justifications, and "lies" (e.g. "I can't because my mother is coming in from out of town" or "My child is ill").

Actually say the word "No" when declining:

The word "no" has more power and is less ambiguous than, "Well, I just don't think so" or "We'll see" or "I can't just now." You might need to say "NO" several times before the person hears you.

Looking After Yourself... continued

What you can do if you suspect you are burning-out

1. Talk to your bikur cholim leader or peers. Get support. You are not alone.
2. Go to a training. Figure out if you need to play a different role in your group.
3. Take some time off.
4. Set realistic goals

Stress Management Tips

1. Nurture yourself. List 5 things that you enjoy doing. Choose something that inspires or sustains (e.g. exercise, buy flowers, take a relaxing bath, nap, see a movie, listen to music, gardening).
2. Utilize deep breathing and relaxation exercises.
3. Journaling. Write out your thoughts. Be spontaneous. You can record what is stressing you or whatever surfaces as you put pen to paper.

Remember: Think positively of your accomplishments. Compliment yourself!