

# “Can You See What I Say?” Beyond Words: Pastoral Care Education and Practice Among the Deaf and Hard of Hearing Community

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**Abstract:** Empathic relational communication is a key competency in spiritual care for establishing a trusting pastoral relationship. Ministry with d/Deaf persons requires a deeper level of relational skill, where attentiveness to sign language, non-manual features, visual cues and facial grammar are important for meaningful pastoral relatedness. It is widely recognized that d/Deaf persons experience higher than average healthcare access barriers and associated psychological impacts, and therefore spiritual need. In addition, d/Deaf persons develop a non-auditory approach to emotional expression and communication. The competencies of clinical pastoral education (CPE) provide a natural context to further develop the necessary deeper relational skills for healthcare ministry. This article draws on the lived experiences of a chaplain for the d/Deaf engaged in CPE and a CPE educator, in order to highlight current deficiencies in pastoral care for d/Deaf persons, and to explore and illustrate how relational empathy and spiritual connection can be deepened among d/Deaf persons in healthcare by developing the competencies of CPE.

**Keywords:** deaf, pastoral care, chaplaincy, clinical pastoral education, communication, healthcare, spiritual care, sign language

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**Supplementary resource:** video format in American, British and Irish sign languages  
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## Introduction

Chaplains<sup>3</sup> working in healthcare settings have an integral role as part of the wider interdisciplinary healthcare team in the overall care of patients, clients and service users (Handzo et al., 2008; Pesut et al., 2016; VandeCreek & Burton, 2001). As expert providers of spiritual care, multidimensional communication is an essential competency practised by healthcare chaplains. The establishment of a therapeutic and trusting pastoral relationship fosters the necessary context for the sharing of spiritual and emotional concerns, and is a profoundly relational experience. Recognizing that, by virtue of being human, all those we care for have spiritual needs, values and expression (which may be religious, spiritual or values based), this article seeks to explore the distinctive opportunities and challenges of providing meaningful spiritual practice and support to d/Deaf<sup>4</sup> or hard of hearing persons in our care.

The World Health Organization (WHO) estimates that more than 466 million people worldwide have hearing loss at such a level that they are considered to be deaf (WHO, 2023). This figure is predicted to increase to over 700 million, or one in ten people, by 2050 (WHO, 2023). It is well

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3. The terms “chaplain(cy)”, “pastoral care” and “spiritual care” are used interchangeably in this article, and refer to the provision of spiritual, religious, existential and emotional care.

4. Individuals who identify themselves as “Deaf” with a capital “D” are actively engaged members of the Deaf cultural community. They embrace the unique language, customs and traditions of the Deaf community, and are proud to be part of it. The use of “deaf” with a lower case “d” is used to describe a person who experiences hearing loss, but may not use or rely on sign language as their primary mode of communication. These individuals may use speech, lip-reading or other forms of communication to interact with others. The term “deaf” with a lower case “d” is often used to refer to individuals who have moderate to severe hearing loss, but still have some residual hearing and can benefit from amplification devices such as hearing aids or cochlear implants.

documented in the published literature that d/Deaf persons have inequitable access to healthcare, with numerous barriers including communication, literacy, social isolation and mental health challenges (Fellinger, Holzinger & Pollard, 2012; Kushalnagar et al., 2019; Malebranche, Morisod & Bodenmann, 2020; Mekonnen et al., 2015; Morisod et al., 2022; WHO, 2023). Documented mental health conditions include depression, anxiety, generalized anxiety disorder, obsessive compulsive disorder, panic disorder and separation anxiety disorder. It is recognized that over 20% of deaf children report having at least one psychological condition, compared with circa 12% of hearing children (Byrne & McNamee, 2022; NDCS, 2020; Roberts et al., 2015). These reasons are rooted in environmental, structural, social and cultural issues that interact with a child’s deafness to produce distinct barriers and challenges. These challenges are exacerbated by the fewer than required number of sign language interpreters and a lack of awareness among the hearing community concerning the lived reality of deafness, including cultural differences and expression, which do not fully transliterate into the spoken word (Kuenburg, Fellinger & Fellinger, 2015; Morisod et al., 2022).

### **Deaf Culture and Communication**

Compassionate and empathic communication is at the heart of establishing a pastoral relationship and developing rapport. This is arguably even more important for ministry with d/Deaf persons in the absence of the heard or spoken word. Creating a community where the d/Deaf person can feel comfortable expressing themselves freely and honestly is essential. In the Deaf community, deafness is not considered a disability but rather as a culture with its own distinctive language and forms of expression (Bartlett, 2018; Malebranche, Morisod & Bodenmann, 2020). Through the use of sign language, textual interactions, motion graphics and appropriate assistive technology, chaplains can facilitate the d/Deaf person’s ability to communicate in ways beyond spoken language. Sign language relies heavily on non-manual cues, because they transmit additional meaning beyond the manual signals themselves (Sutton-Spence & Woll, 1999). Facial features, eye contact, body language and lip configurations are some of the non-manual elements employed by sign language users who are deaf to convey messages. In addition to the manual signs, the non-manual aspects of sign language communication convey essential grammatical and affective information (Marschark & Spencer, 2011).

The published literature on caring for the d/Deaf or hard of hearing broadly defines the role that religious care plays in the healing and rehabilitation of individuals (Barclay, Rider & Dombo, 2019). As in wider

society, it can be assumed that the increasing diversity and expression of spiritual, religious and values-based views also applies in the Deaf community. Grimell (2022), describing chaplaincy identity in Sweden, notes that while secularization in Europe has changed the way people relate to religions, religious beliefs continue to influence society as a whole, including healthcare practices (Grimell, 2022). The evolving contemporary spiritual landscape calls chaplains to evolve as professional care givers. The ability to meet evolving spiritual needs calls for a more nuanced and multi-faceted approach to spiritual assessment and care, particularly when caring for the d/Deaf is involved. Pastoral carers should appreciate that interventions such as prayer, ritual, meditation, expression of values, etc. require sign language training, including non-manual communication, as well as a deeper level of empathy, with an appreciation that spirituality in the Deaf community is not simply a translation of words from the hearing community (Barclay, Rider & Dombo, 2019).

Drawing from the lived experiences of the authors as a chaplain for the d/Deaf engaged in a clinical pastoral education (CPE) programme at a large acute tertiary university hospital and a CPE supervisor/educator, this study focuses on how CPE can help chaplains better care for d/Deaf persons in healthcare settings, as well as exploring how relational empathy and spiritual connection can be deepened in a non-verbal way with d/Deaf persons. In addition, proposals will be made to address educational and practice lacunae to include the needs of d/Deaf and hard of hearing practitioners and patients. The spiritual and emotional needs of d/Deaf and hard of hearing individuals will be considered, and recommendations for chaplaincy among these persons will be offered.

### **Clinical Pastoral Education**

Clinical pastoral education provides a robust and transformational adult learning/education modality for those preparing for pastoral ministry. Focusing on the development of the personal, pastoral and professional identity of the chaplain, CPE engages multidimensional approaches to spiritual awareness, relational empathic connection and the development of the necessary competencies for modern healthcare chaplaincy (ACPE Ireland, n. d.; Boisen, 1960; Hilsman, 2018; Jones, 2010; King, 2007; Mezirow, 2000; Zollfrank & Garlid, 2012). For the purposes of this study, the role of CPE in developing emotional, relational and spiritual competency is explored in terms of how these skills can help in the provision of spiritual care with d/Deaf patients/service users where “heard words” are redundant.

Personal and religious beliefs, spirituality and faith can be a wellspring of empowerment and courage during challenging periods of life (Karvinen, Winqvist, and Lipponen, 2022). In the face of the medical challenges experienced by d/Deaf persons, healthcare chaplaincy as learned through CPE serves to complement the medical services received by deaf individuals, with spiritual care serving as a unique form of care and support (Grimell, 2022). A chaplain’s ability to remain present with the d/Deaf patient’s emotions and feelings throughout the diagnostic and planning phases of treatment is refined in the context of specialization in spiritual care.

### **Recognizing and Responding to Emotional Needs**

Recognizing emotion is an intricate process that develops as part of a person’s emotional growth (Krejtz et al., 2019). In the Deaf community, emotional development is naturally a non-auditory experience, and the use of signs, gestures and non-manual features is more developed than in the hearing community. Deaf children and adolescents, however, have a more challenging time processing and expressing their emotions than their hearing peers, and they score worse on activities that directly assess these abilities (Love, 2019). For the d/Deaf, emotional communication and fluency can be difficult due to delayed speech and misinterpreted sign language (Mekonnen et al., 2015). Hearing people rely more on auditory clues for social awareness and emotional connection maintenance, but d/Deaf people rely more on visual stimuli (Bauman & Murray, 2014). Just like everyone else, d/Deaf people, regardless of age, require unconditional love, compassion, gratitude, a sense of belonging and safety to flourish and become independent adults.

Clinical pastoral education training is deeply anchored in the principle that deep listening is an essential competency at the heart of spiritual care, together with receiving the story of the client. With the redundancy of spoken words, deep listening becomes deep “seeing, recognizing and receiving” the story of the d/Deaf person in our care. This is captured in the CPE competency “Relational approach and multidimensional communication”, where the pastoral carer is expected to be “proficient at providing a relational and patient/family-centred approach ... engaging with the life narrative of the person through dialogue, observation and emotional understanding ... employing communication strategies that include active and attentive listening, awareness of the non-verbal, ... and relevant content” (CPE competency 5; ACPE Ireland, n. d.).

## Deeper Approach to Emotional/Spiritual Relatedness as a Chaplain

Recognizing the distinctiveness of the Deaf community, the hearing professional is positioned at a cultural boundary, where interpretation and translation is a mutually dynamic reality for the spiritual care giver and the d/Deaf patient/service user. This cultural boundary is recognized in the global application of CPE across cultures, and has resonances for application across hearing and deaf cultures (Jernigan, 2000). Spiritual care with a d/Deaf patient/service user is more than a translational communication enterprise, but rather a deeper recognition of sign language as an official language and a cultural norm for the Deaf community.

The relational competency in CPE training calls on the chaplain to develop a broader skillset and awareness of multidimensional communicational ability and a willingness to enter the world of the d/Deaf patient in a non-linguistic way, where the first and primary language of the d/Deaf person is sign language. So how can the hearing chaplain enter the silent, felt world of the d/Deaf person? The experience of the first author highlighted the primacy of empathic human connection that is conveyed in non-verbal communication. This approach was reinforced through greater self-awareness (CPE competency 3) on the part of the chaplain and the impact of the non-verbal communication and stance of the professional. The CPE process contributed significantly to the development of this awareness through peer interaction and feedback between the author as a deaf peer and his hearing peers in the interpersonal group process (CPE competencies 3 and 12).

Developing the sense of personal identity of the chaplain to minister with the d/Deaf community is supported in the CPE process by an intentional focus on the integration of the spiritual identity, journey and spiritual practice of the spiritual carer that is experienced beyond words.

One such approach for the hearing person is the practice of mindfulness, which can help the chaplain to direct awareness of internal experiences in the present moment to enter more authentically into the world of the d/Deaf in an empathic way beyond verbalized words. Care givers who practise mindfulness can develop via receptive attentiveness and process, the d/Deaf patient's feelings and thoughts (Ashori & Aghaziarati, 2022). In both the hearing and the Deaf community, the chaplain's keen ability to empathize with others fosters meaningful connection in the pastoral relationship. Empathic relational communication and connection for the spiritual carer in this way enables the carer to pay close attention to the d/Deaf patient's facial expressions and body language, and establish the relationship between those cues and the associated feelings and expression(s), whereby the carer can in a non-verbal way more meaningfully identify with

the d/Deaf patient’s emotional reality and relate to them. Empathy as a competency in CPE is shaped by a Rogerian approach (Rogers & Carmichael, 1957). Empathy is a universal emotional and spiritual quality, and is core to meaningful spiritual connection. In spiritual care, it transcends religious and values-based approaches to care. A study among Dutch humanist chaplains identified empathy as a key relational quality in chaplaincy care, with one participant describing genuine empathy as a “movement toward the other, to connect with the other” (van Dijke et al., 2023). In ministry with d/Deaf patients/service users, as with hearing patients/service users, empathic connection is a key pastoral competency.

### **Communication Beyond Words**

Just as there is no “typical” hearing person, likewise there is no such thing as a “typical” d/Deaf person. A person’s communication style will vary depending on the context and the goal of the conversation. The hearing and the d/Deaf parties both have a role in negotiating the optimal method of communicating beyond words. To establish a genuine rapport with the d/Deaf patient/service user, a chaplain should practise and embody the principle of communication beyond words by being aware of the messages communicated by the “deaf individual’s body language, facial expressions, physical mannerisms, and verbal tone” (Rodger et al., 2021). Chaplains serving people who are deafblind need skills in sign language, lip-reading and other forms of non-verbal communication. In some cases, cued speaking, lip-reading and gestures are common forms of visual communication (Malbranche, Morisod & Bodenmann, 2020). Those with hearing impairments can still communicate with others by listening to and responding to spoken English through hearing aids and cochlear implants. With the use of the hands and other body parts, the sense of touch can convey information that is otherwise only audible or visible. The impact of isolation during the global COVID-19 pandemic has heightened the awareness of the importance of touch and non-verbal communication, and the challenges of communication when personal protective equipment was a physical barrier (Byrne & Nuzum, 2020). This has arguably increased awareness within the hearing community of some of the challenges faced by the d/Deaf community.

The lived experience of the author as a chaplain for the d/Deaf highlighted gaps in the CPE process concerning awareness of communication and inclusion for d/Deaf participants. This awareness created a focus in the peer group on non-verbal communication, lip-reading and the use of educational material that is accessible for all. The second author observed a deepening relational connection in the peer group, as all peers relied more

intentionally on manual signs and cues, including learning and using basic sign language in communication. The perceived educational gap in the CPE programme was addressed through educational inputs in the following areas of communication and emotional awareness.

### **Non-Manual Features Used to Communicate by the d/Deaf Who Are Sign Language Users**

For the Deaf community, using sign language to communicate is a minority language in many countries, including in Ireland (Leeson & Saeed, 2012). Hence, the Deaf community in Ireland uses “Irish Sign Language”, which employs various non-manual characteristics at various linguistic stages and is widely used. When signed and spoken languages co-exist in the same area, there is a frequent opportunity for interaction between the two, which affects the prevalence of signed language. The resulting symbols are commonly termed “two-handed symmetrical signs” (Mohr, 2014). These two-handed signals may have a variety of hand configurations, with one hand doing most of the work (dominant hand) and the other acting as a support structure (non-dominant hand). “Two asymmetrical signs” is a common name for these symbols. Two-handed signs frequently represent lexical and grammatical plural ideas among the Deaf community.

Non-manual features are essential in supplementing the use of any sign language. There is a prevalent misconception that sign languages rely solely on physical gestures rather than vocalizations. Signed languages make extensive use of non-manual features for a range of purposes, including interrogatives, topic markers, imperatives, conditionals, relative clauses, affirmations, negations, and comparative and distinct discourse. In interrogatives, for instance, a critical non-manual aspect is a raised eyebrow. Every signed language has a unique set of challenges relating to the non-manual aspects of the sign (Leeson & Saeed, 2012). These characteristics serve numerous grammatical and prosodic purposes. The many articulators allow for the simultaneous performance of several features, further confounding their usage patterns, yet they play a vital role that can be compared to intonation in speech (Leeson & Saeed, 2012). Although evidence suggests that tone is crucial for conveying linguistic courtesy in signed language, most studies have concentrated on the use of mouth gestures. The current research describes the use of more non-manual aspects, such as eye gaze and facial expressions (Petrocchi, 2021). Research on visual prosody and courtesy signing uncovered some of these characteristics as well, including the raising of the eyebrows (Mapson, 2013).



Deaf people use eye gaze as a non-manual means of communication (Mohr, 2014). Eye gaze may indicate non-manual morphological levels of agreement between verbs. Due to the visual nature of sign language, the addressee can infer how well the information is being processed in real time, based on the addressee’s visual attention and gaze location. Communication skills for the d/Deaf are built on a foundation of eye contact and shared attention between the care giver and the d/Deaf individual. Deaf and hard of hearing individuals exposed to sign language from infancy learn to make frequent and significant eye-gaze transitions between objects and persons (Bosworth & Stone, 2021; Carey-Sargeant, 2017). Deaf individuals who have honed the pragmatic skills necessary to control and monitor their gaze are better equipped to handle the complexities of visual interactions with their care givers.

### **Communication of Emotion**

The ability to communicate emotion through facial expressions is another non-manual trait shared by d/Deaf people. Emotional communication through facial expression is not unique to spoken languages; sign language users do it as often as speakers of other languages. It also serves numerous grammatical purposes across multiple linguistic levels in sign languages. It is a complicated language trait involving facial muscles, including the cheeks, brows and eyelids. With no accompanying physical action, facial expressions can nonetheless convey communication.

Deaf people often use head gestures as a form of communication. Speakers of both spoken and signed languages can use head nodding and head shaking interchangeably. In British Sign Language (BSL), a simple nod can indicate a favourable response or agreement without using any other manual sign (Leeson & Saeed, 2012). Nodding one’s head can also be interpreted as a sign of agreement in several spoken languages. These authors also note that head nodding is an integral part of BSL for indicating attentiveness during the discussion, making it a discourse element in this context. Finally, a single or series of modest nods might be used to show that the information offered in an utterance or a remark on a specific statement has been exhausted.

Most sign languages may include mouth patterns. There appears to be no connection between the movements of the mouth and the words we use to communicate. A mouth gesture is a movement of the lips and tongue that occurs before, during or after the explication of a sign, and can be either variable or stable. In sign language, the use of morphological mouth configurations is a significant defining characteristic of intensive language

contact. These configurations are unique and differ from their counterparts in English, including the use of adverbial modifiers such as “MM”, “TH”, “PAH”, and “CHA”, which have no direct relation to English (Marschark, Peterson & Winton, 2005).

This characteristic reflects the influence of spoken English on American Sign Language (ASL), resulting from the historical use of sign languages in America. American Sign Language was developed and used primarily by deaf individuals to communicate with each other, but as more deaf individuals began to interact with hearing individuals, the use of signed and spoken languages began to overlap. As a result, the development of a new type of sign language became necessary, incorporating elements of both languages, and leading to the emergence of morphological mouth configurations in ASL. The rich use of morphological mouth configurations in ASL enables a more nuanced and sophisticated means of communication beyond what is possible through signs alone. The configurations convey a range of linguistic information and provide greater clarity and emphasis to communicated ideas. Overall, the use of morphological mouth configurations in ASL is a defining characteristic of intensive language contact between signed and spoken language, and has helped to shape and expand the expressive capabilities of this unique language (Brentari, 2019).

### **Clinical Pastoral Education as an Aid to the Chaplain in Developing Relational Ability and Awareness with d/Deaf Peers and Patients/ Service Users**

Drawing on the theoretical and lived experiences of the Deaf community, the process of CPE can assist those preparing for pastoral ministry in developing a greater awareness of the communication principles and approaches in the Deaf community, in order to provide meaningful pastoral and emotional care. Developing a high level of awareness of non-verbal communication and personal self-awareness and a developed attention to non-verbal cues in the patient and in the chaplain are key areas of communication and empathic connection.

The recognized competencies of CPE provide a natural context to further hone these skills, which can be drawn on in ministry in both hearing and d/Deaf contexts. The CPE educator observed that, as the peer group deepened the ability to interpret non-verbals, manual cues and sign language, this had a demonstrated and observed positive impact on the overall ability of the group to be more sensitive to the relational importance of communication, and to be advocates for inclusion. Recognizing the importance of inclusion for d/Deaf peers, and by addressing the demonstrated inequalities for d/

Deaf and hard of hearing persons in healthcare, CPE programmes alongside other medical curricula could integrate the following elements into their existing spiritual care education curricula and competencies.

1. Provide education and training on Deaf culture and sign language, which can help chaplains understand the unique needs and experiences of d/Deaf individuals and communicate with them more effectively. Chaplaincy departments should include d/Deaf awareness training and sign language education as part of continuing professional development and commitment to inclusive practice and the provision of professional spiritual care. Chaplaincy departments are also well placed to advocate for the provision of adequate supports to enhance communication, emotional expression and other challenges commonly experienced by the Deaf community.
2. Provide hands-on experience in working with d/Deaf individuals: CPE programmes typically involve supervised visits to patients in healthcare settings, which can provide chaplains with hands-on experience in working with d/Deaf individuals and communities. This practical experience can help chaplains to develop their relational ability by learning to listen attentively, communicate effectively and build rapport with patients and families.
3. Use the existing action-reflection-action reflective practice process in CPE to develop deeper relational and non-verbal awareness, in order to recognize and respond to emotional and spiritual concerns as experienced and expressed by d/Deaf patients/service users.

## Conclusion

The impact of deafness on health inequalities and social isolation are significant realities for the Deaf community. The UN Convention on the Rights of Persons with Disabilities (2006) states that people with disabilities have a clearly defined right to access healthcare without obstacles. This should also apply to the provision of spiritual care in healthcare.

Communication as a core practice in pastoral care is challenged when the hearing chaplain is unable to use words to establish a pastoral connection with a d/Deaf patient/service user. This can be further complicated when the d/Deaf patient/service user is further challenged by co-morbidities that impact negatively on communication, such as stroke, brain injury and some mental health conditions. Drawing on the approaches of CPE, pastoral care among and with those who are d/Deaf can be greatly enhanced by an intentional reflexive, self-aware approach to multidimensional communication

that incorporates a developed awareness of non-verbal cues and a fluency in sign language. Recognizing that sign language is a distinct first language and culture for the Deaf community calls those in pastoral ministry to gain an understanding, and at the very least a basic fluency, in order to build meaningful pastoral relationships with d/Deaf patients/service users.

Developing proficiency in sign language, mastering cued speech, and becoming an expert in lip-reading and gestures are necessary for connecting more meaningfully with the Deaf community. While communicating with a d/Deaf patient/service user, health professionals should always resort to using visual aids, motions and body posture. The non-manuals are the essential parts of the language that can be articulated with any articulator apart from the hands. Eye contact, facial emotions, head nods and lip movements are non-manual elements used by the d/Deaf while communicating through signed languages. Appreciating that sign language is complex, and that learning basic sign language communication can enhance care, means it is also important to advocate for the provision of professional sign language interpreters. The lived experiences of the authors navigating ministry education and practice without words have demonstrated that greater empathic awareness and connection can be achieved meaningfully in pastoral ministry and CPE by addressing the stated gaps and providing an inclusive approach to pastoral education and practice.

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