

FROM CURING TO CRYING:
DETERMINING GOD'S ROLE IN HEALING
FOR THOSE WITH CHRONIC ILLNESS

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Abstract

This thesis centers chronic illness in order to craft a theology that reflects the unique experience of living with chronic illness. Key Biblical and rabbinic approaches to illness, disability, and healing demonstrate how these concepts have traditionally been presented and discussed in Jewish thought. An investigation of the dichotomies between illness and health and between healing and cure in Biblical, rabbinic, and liturgical texts leads to a discussion of how God has traditionally been presented as both a ‘healer’ and a ‘curer.’ As for disabled people, notions of ‘cure’ are harmful to those with chronic illness, so theological representations of God as ‘curer’ become troubling. Expanded notions of healing come to the fore in the construction of a new image of God for those with chronic illness: the Pastoral God. God as the Pastoral Presence reflects the underlying principles of pastoral care and partners with the chronically ill in the healing process through shared pain and tears.

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Introduction

I was always considered a ‘healthy’ child with a ‘normal’ body. I was tall, thin, and relatively athletic. I had some orthopedic aches and pains, but all things considered, my body functioned as expected by society. That began to change in the summer before my senior year of college. One morning, I awoke with terrible pain in my face. After two days of the pain, I went to the doctor who diagnosed the problem as a sinus infection and sent me home with antibiotics. After three months of failing to ‘cure’ the so-called sinus infection, my doctor sent me on a series of visits to a wide variety of specialists, eventually landing at the neurologists’ office. With a diagnosis of a migraine, I was sent to the emergency room for out-patient treatment. When that didn’t ‘fix’ my pain, I was sent for a three-day in-patient migraine treatment.

While there, a hospital chaplain, who was a rabbi, came to visit. The rabbi sat at the foot of my hospital bed and we spoke for a few minutes. When she asked if I would like her to recite the Mi Shebeirach, my mom, who was sitting next to me, enthusiastically said yes. I was not so sure that it was what I wanted-- I had developed a notion of God who does not interfere in this world. If that were the case, how could God grant me a *refuah shleimah*, a complete healing, which is the main ‘ask’ of the prayer? But I realized how much it would mean to my mom. I gave her my Hebrew name and she chanted the prayer, the words melting away, but the melody washing over and through me. Suddenly, tears streamed down my face. For the first time since the pain in my head started, I felt a sense of release. In that moment, the space changed and I changed in the space. I sensed that I was immeasurably small and that the room was swirling. I felt so incredibly alone in my pain, and at the same time, I felt seen in a way that the doctors did not see me. At the time, I attributed the feelings to simply being overwhelmed and confused. Now, looking back, I can say strongly that God was in that space and I just could not or would

not recognize that. God was there, but God did not take away my pain or give me physical strength. God did not give the doctors the ‘answers’ and God did not change the fact that I would end up back in the emergency room just hours after getting home. But in those mere moments in which a rabbi sat at the foot of my bed and recited a prayer, God was *present* and that presence was transformative-- perhaps even *healing* in a way I did not know was possible.

Just two weeks later, my senior year of college began. I moved into my dorm, weak, exhausted, and still in constant pain. I dropped a class and left an internship, but I kept everything hidden. Those closest to me knew the basics of what happened over the summer and did what they could to support me, walking me to class when I was dizzy, bringing me drinks and meals, and accompanying me to the doctor. But with so much still unknown, I mostly kept everything secret, feeling embarrassed about needing help. This was not the senior year that I envisioned. Most of all, I was constantly frustrated by doctors who claimed to have ‘quick fixes’ that would get me ‘back to normal’ and those who claimed to understand my symptoms when they clearly did not.

I managed to interview for rabbinical school, get accepted, finish my thesis, and graduate. But, knowing that the first year of rabbinical school would be in Israel, I knew that I had to defer and focus on my health. I saw a new doctor who listened to my entire story and treated my body as a system, not as isolated parts. He noticed some ‘abnormalities’ in my vitals and recommended a cardiologist who specializes in autonomic disorders. After a series of visits and some rather unpleasant tests, I was diagnosed with Postural Orthostatic Tachycardia Syndrome, or POTS, which is characterized by an increased heart rate and drop in blood pressure upon standing as a result of blood vessels not receiving the proper signals to constrict. It looks different in every person, but for me it explained my dizziness, migraines, heat intolerance,

fatigue, and brain fog. With this diagnosis, I felt liberated from the constant sense of the unknown. With this diagnosis, there was a specialist and a path forward. With this diagnosis, I also found others who were like me.

After a year of frequent doctor visits, tests, and experimenting with treatments, I moved to Israel for my first year of rabbinical school. I was medically stable, but still learning about my condition, how my body functioned, and how to explain it all to others. What I found most challenging was wanting to ‘fit in’ and to ‘pass.’ I did not want to be known as the person with an obscure health condition, but I also wanted people to understand why I could not go on field trips in the desert in 100 degree heat, why I could not drink alcohol, and why I often skipped social gatherings in favor of one-to-one conversations or resting at home. That year, I felt more alone than ever before..

I was assigned to lead a *mincha* service in February, which is Jewish Disability Awareness and Inclusion Month. While I did not consider myself disabled, I knew that my experience fit in there somewhere. I decided to use the service as a platform to highlight disabled peoples’ narratives in their own words, as well as to share my own story publicly for the first time. After the service, classmates approached me to tell me about their own experiences with illness and disability, which they too had been trying to hide. With that feeling of connection to others, I was able to step beyond the need to pass as ‘healthy’ or ‘normal.’ There was room for me-- all of me-- in the Jewish community and as a leader of the Jewish community.

I have come a long way from the scared, ashamed, skeptical young adult sitting in a hospital bed. I still have a migraine every moment of every day, at varying degrees of pain. I still get frustrated when doctors promise relief that does not come. And I still often feel lonely, even though my friends and family are supportive and caring. That will always be part of my

struggle of having an invisible illness. But I have taken ownership over my body and the story of my body, speaking up when I need an accommodation or when I need something from my doctors, and speaking openly about my experience. I have also channeled my experience into a project with a classmate that examines the intersection of Jewish ritual and invisible illness, holding space for those with invisible illness to create Jewish text and ritual that reflects their bodies. Through this project, I have felt more empowered myself, taking creative license to adapt Jewish prayers and rituals to better represent me and those like me.

I never expect to be ‘cured’ of POTS or of migraines. Treatments may improve to help me manage better on a day-to-day basis, and as I get older these illnesses may change as my body changes. But I do not expect that I will ever experience a ‘restoration of health’ or physical healing. How, then, do I grapple with a Jewish tradition in which God heals the sick and in which our liturgy praises God for making ‘perfect’ bodies that function properly? How can I ask God for a sense of ‘wholeness’ when, though I have impairments, I do not believe that I am ‘incomplete’ or ‘broken’? How can I read myself and my body into our tradition and into God? This is the task that lays ahead in this thesis.

My story of illness is just that-- my own. But it opened my eyes to the broader world of illness. As the nature of my illnesses became more clear and as I moved to accept that, I clearly identified myself as having chronic illnesses, not a disability. I could not articulate exactly why I drew a distinction or where the line is until I delved into the realm of disability studies. By studying more about contemporary notions of illness and disability, I have been able to apply these frameworks onto traditional Jewish texts. The first chapter of this thesis, *Contemporary Secular and Jewish Textual Foundations for Understanding Illness and Disability*, defines chronic illness and disability, articulating what makes them distinct and how they align. I feature

key Biblical and Rabbinic approaches to illness, disability, and healing, drawing on notions of classification, limitations, and societal influence. Chapter two, entitled *Rofei HaCholim-- God as Healer and Curer of the Sick*, investigates dichotomies of illness and health and of healing and cure. This chapter focuses on the theological implications of identifying God as a ‘healer’ and a ‘curer’ in Biblical, rabbinic, and liturgical Jewish texts within the context of contemporary disability studies. It highlights the particular challenges for those with chronic illness to find themselves represented theologically within Judaism, and breaks down dichotomies to reach a fuller understanding of what healing can look like in Jewish discourse. The third chapter, *The Pastoral God*, offers a new theological understanding of God’s role in the healing process for those with chronic illness. It draws on several theological currents in Judaism, as well as Christian disability theology, to create a new image of God as a Pastoral Presence.

Chapter 1: Contemporary Secular and Jewish Textual Foundations for Understanding Illness and Disability

The field of disability studies is relatively new but represents a wide range of perspectives, largely from those who identify as disabled. What seems lacking, however, is a subset in the field of the relationship of disability to illness, specifically chronic illness. This chapter aims to define these terms and clarify when they present similar and different challenges. While the focus of this thesis is ultimately chronic illness, the Jewish literature around chronic illness is scarce. So, in order to arrive at contemporary Jewish understandings of chronic illness, it is necessary to examine Jewish sources on disability in the context of contemporary secular literature on disability and illness. While there are no statistics about the prevalence of illness and disability specifically among Jews in the United States, the national statistics are telling. According to the Centers for Disease Control and Prevention, 1 out of 4 adults in the United States have a form of disability, the most common of which is a mobility disability,¹ and 6 out of every 10 adults have a chronic illness.² While we cannot know for sure, it is likely that these numbers are generally representative of Jewish communities. That is to say, issues of disability and chronic illness are prevalent for Jews and their families and are deserving of discussion and consideration in today's Jewish communities.

Chronic illnesses "...are understood to be illnesses that do not go away by themselves within six months, that cannot be reliably cured, and that will not kill the patient any time soon."³

¹ "CDC: 1 in 4 US Adults Live with a Disability." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 16 Aug. 2018, www.cdc.gov/media/releases/2018/p0816-disability.html.

² "Chronic Diseases in America." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 24 Sept. 2020, www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm.

³ Wendell, Susan. "Unhealthy Disabled: Treating Chronic Illnesses as Disabilities." *Hypatia*, vol. 16 no. 4, 2001, p. 17-33. Project MUSE muse.jhu.edu/article/14210. p. 20

Some illnesses present consistently for long periods of time, while others consist of frequent, recurring episodes of acute illness. Other illnesses could be acute with proper treatment, but may become chronic when that treatment is unavailable or unattainable for an individual. Some illnesses may be congenital, or present from birth, while others present later in life. With chronic illness, a diagnosis is not necessarily comprehensive-- different people with the same diagnosis may experience the illness quite differently.⁴ Additionally, many chronic illnesses are invisible-- they are not easily detected visually. All of these factors lead to a lot of misunderstanding and suspicion of those with chronic illness: "...suspicion about how ill/disabled we really are, how or why we became ill, whether we are doing everything possible to get well, and how mismanaging our lives, minds, or souls may be contributing to our continuing illness. Suspicion comes from medical professionals, friends, relatives, coworkers, and, understandably, from other people with disabilities."⁵ This suspicion is often compounded for those who are young and have a chronic illness, as our society associates illness with the elderly. Chronic illnesses can be physical-- like diabetes and Crohn's disease, neurological (perhaps a subset of physical)-- like Parkinson's and brain injury, or mental-- like depression and schizophrenia. For many people, these categories may overlap or they may have multiple illnesses, especially because those with chronic physical illness may experience mental illness as a result of trying to cope with their physical illness.

Illness is specifically connected to notions of 'health' and to medical systems. If someone experiences an acute illness, they may visit their doctor, undergo tests, and take medication or try other interventions to return to health. For chronic illness, these patterns may

⁴ Some illnesses may present with more consistent symptoms in different people than others. For people with POTS, for example, there are different causes and a variety of symptoms. Not every person with POTS exhibits all of the symptoms. "POTS: Causes, Symptoms, Diagnosis & Treatment." *Cleveland Clinic*, my.clevelandclinic.org/health/diseases/16560-postural-orthostatic-tachycardia-syndrome-pots#:~:text=People%20with%20POTS%20cannot%20coordinate,over%20a%20period%20of%20years.

⁵ Wendell 28

also exist, even though alleviation of symptoms may be the goal, rather than return to previous levels of health. These notions of healthy/unhealthy and cure/healing will be expounded upon in a later chapter, but this basic notion is essential to differentiating illness from disability. The CDC identifies six categories of disabilities: mobility, cognition, hearing, vision, independent living, and self-care.⁶ Some examples of disabilities include muscular dystrophy, loss of a limb, blindness, deafness, and dyslexia. In contrast to someone with chronic illness, “The paradigmatic person with a disability is healthy disabled and permanently and predictably impaired.”⁷ While there are, of course, disabled people with illnesses, feminist disabled writer Susan Wendell’s paradigm of a ‘healthy disabled’ person depicts those who “...do not expect to die any sooner than any other healthy person their age, and they do not need or seek much more medical attention than other healthy people.”⁸ Many disability rights activists and scholars actually fight against the medicalization of disability⁹ because it can lead to institutionalization of or experimentation on disabled people.

A significant aspect of understanding disability is distinguishing between impairment and social constructions of disability. Activists and scholars generally consider “...impairment as the medically defined condition of a person’s body/mind, and disability as the socially constructed disadvantage based upon impairment.”¹⁰ According to the World Health Organization, there are three levels to disability: first is impairment, which is in accordance with previously mentioned definitions. Second is activity limitation, which is the difficulty of doing certain activities, like

⁶ CDC

⁷ Wendell 21

⁸ Wendell 19

⁹ Such activists and scholars include Susan Wendell, Eli Clare, Rosemarie Garland-Thomson, Ellen Samuels, and John Swinton.

¹⁰ Wendell 22

hearing, walking, etc. Third is participation restrictions, which is difficulty interacting with society, like working, getting healthcare, and engaging in social activities.¹¹

The Union of Physically Impaired Against Segregation (UPIAS)¹², which created the foundational theories of this social model of disability, defines disability as “...the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities.”¹³ The social model of disability identifies three key ideas: first, that impairment is distinguished from disability, as Wendell notes. Second is that the social model is intentionally different from the medical model, which focuses on cure and rehabilitation, and from the individual model, which views disabled people as tragic victims of circumstance. The social model specifically focuses on removing barriers, such as advocacy for anti-discrimination legislation, flexible work schedules, and independent living options. Third, disabled people are identified as an oppressed group.¹⁴

When first introduced, this conceptualization of disability as social oppression was revolutionary. The core principle that disability involves more than a person’s body is generally upheld today, although there have been significant challenges to the social model. One of its main weaknesses is that it actually minimizes the role of the individual body and of impairments too much. As disabled feminist Liz Crow writes, “As individuals, most of us simply cannot

¹¹ Centers for Disease Control and Prevention. “Disability and Health Overview.” *CDC*, <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>.

¹² UPIAS was formed by a disabled man in England who advocated for the creation of a consumer group of disabled residents of institutions. It aimed to “replace segregated facilities with opportunities for people with impairments to participate fully in society, to live independently, to undertake productive work and to have full control over their own lives.” Shakespeare, Tom. “The Social Model of Disability.” *The Disability Studies Reader*, edited by Lennard J. Davis, 2013.

¹³ Shakespeare, Tom. “The Social Model of Disability.” *The Disability Studies Reader*, edited by Lennard J. Davis, 2013. p. 215

¹⁴ Ibid 216

pretend with any conviction that our impairments are irrelevant because they influence every aspect of our lives. We must find a way to integrate them into our whole experience and identity for the sake of our physical and emotional well-being, and, subsequently, for our capacity to work against Disability.”¹⁵ Crow does not deny that social oppression exists, but she brings the individual body back into the conversation.

Simon Williams similarly argues that a ‘writing out’ of the body occurs with the social model in its purest form, essentially disembodimenting the experience of the body. He notes that the challenge of this, specifically for those with chronic illness, is that the “...endorsement of disability solely as social oppression is really only an option, and an erroneous one at that, for those spared the ravages of chronic illness.”¹⁶ The body, he argues, must be put back at the center, in conversation with structural and cultural influences. It is also important to note that some people with chronic illness are disabled because they cannot function in society in ways that are expected of a healthy, nondisabled person. Some chronically ill people cannot hold a typical job or any job at all, and in a capitalist society, this is disabling.

Notions of healing and cure present challenges to both people with chronic illness and disabled people. Chronically ill people and disabled people have bodies with impairments that are permanent in one way or another. While one group may rely on the medical system for alleviation of symptoms or pain and the other may push away the medical system, chronically ill people and disabled people face some similar challenges in how other people and how religious communities speak to and about them. Many Jewish communities shied away from talking about bodies and embodiment at all, let alone disabled and ill bodies, until the last thirty years or

¹⁵ Crow, L. (1992). “Renewing the Social Model of Disability.” *Coalition*, July: 5-9. p. 7

¹⁶ Williams, S.J. “Is Anybody There? Critical Realism, Chronic Illness, and the Disability Debate. *Sociology of Health and Illness*, 21, 6: 797-819. p. 812

so. Dr. Arnold Eisen, outgoing chancellor of the Jewish Theological Seminary, attributes the shift to discussing health and healing to feminism. Eisen writes,

“It is surely no coincidence that renewed attention to the need for healing has coincided with the entry of women into public Jewish discourse (including the writing of Jewish thought) and to leadership roles in the synagogue. [...] Whether there is as well a more ‘essentialist’ reason for women’s greater attention to body and the embodied character of thought, biological or cultural (i.e., childbearing and/or childrearing), I will leave it to others to decide. But it seems clear that if Jewish men and women, [...] are now more likely than they would have been a few decades ago to think of Jewish selves as bodies as well as souls, one reason is that members of our culture cannot avoid thinking of ourselves as gendered-- and therefore as embodied.”¹⁷

Eisen reminds us that intersectionality is key when discussing illness and disability, especially in terms of whose bodies are valued. He also brings the issue of healing, and subsequently issues of illness and disability, into the Jewish sphere. However, before delving too deeply into how modern Jewish thought approaches these topics, it is important to understand the history of these topics in Jewish society. Through Biblical and rabbinic texts, we will begin to understand how Judaism has approached matters of disability, illness, and healing.

Neither the Bible nor rabbinic texts have notions of illness or disability that exactly mirror our understanding of these terms today. However, traditional Jewish texts do categorize people based on how bodies appear and function in society. As biblical scholar Saul M. Olyan writes, the Bible “...does categorize persons on the basis of physical or mental condition, appearance, alleged vulnerability, and the presence or absence of certain diseases, and such classification may result in the text’s demand for the exclusion of affected persons from many aspects of social, economic, and religious life.”¹⁸ Not only does the Bible create these

¹⁷ Eisen, Arnold. “Choose Life: American Jews and the Quest for Healing.” *Healing and the Jewish Imagination: Spiritual and Practical Perspectives on Judaism and Health.*, Jewish Lights Publishing, 2007, pp. 15-41. P. 27

¹⁸ Olyan, Saul M. *Disability in the Hebrew Bible: Interpreting Mental and Physical Differences.* Cambridge University Press, 2008. P. 1

categories, but the text also associates these categories with other marginalized populations, such as the poor, the widow, the orphan, and the child. Additionally, moral valences and judgments of character become associated with disabilities.

One of the main biblical ideas that later rabbis focus on is the physical perfection of the priestly class. The Book of Leviticus, full of rules for priests to live by, spends a great deal of time on how the priests need to comport themselves in order to fulfill their duties. A key piece of that is the very state of their bodies:

וַיְדַבֵּר יְהוָה, אֶל-מֹשֶׁה לֵאמֹר. דַּבֵּר אֶל-אַהֲרֹן, לֵאמֹר: אִישׁ מִזֶּרְעֶךָ לְדֹרֹתָם, אֲשֶׁר יִהְיֶה בוֹ מִום--לֹא יִקְרַב, לְהַקְרִיב לַחֵם אֱלֹהֵיוּ. כִּי כָל-אִישׁ אֲשֶׁר-בוֹ מִום, לֹא יִקְרַב: אִישׁ עֹר אוֹ פֶסֶח, אוֹ חֶרֶם אוֹ שְׂרוּעַ. אוֹ אִישׁ, אֲשֶׁר-יִהְיֶה בוֹ שִׁכַּר רֶגֶל, אוֹ, שִׁכַּר יָד. אוֹ-גִבֹן אוֹ-דָק, אוֹ תִבְלָל בְּעֵינָיו, אוֹ גֵרֵב אוֹ יִלְפָת, אוֹ מְרוּחַ אֲשָׁךְ. כָּל-אִישׁ אֲשֶׁר-בוֹ מִום, מִזֶּרַע אַהֲרֹן הַכֹּהֵן--לֹא יֵגֵשׁ, לְהַקְרִיב אֶת-אֲשֵׁי יְהוָה: מִום בוֹ --אֵת לַחֵם אֱלֹהֵיוּ, לֹא יֵגֵשׁ לְהַקְרִיב. לַחֵם אֱלֹהֵיוּ, מִקֹּדֶשׁ הַקֹּדְשִׁים, וּמִן-הַקֹּדְשִׁים, יֹאכַל. אֲךְ אֶל-הַפְּרִכָּת לֹא יָבֹא, וְאֶל-הַמִּזְבֵּחַ לֹא יֵגֵשׁ--כִּי-מוֹם בוֹ; וְלֹא יִחַלֵּל אֶת-מִקְדָּשִׁי, כִּי אֲנִי יְהוָה מְקֹדָשׁ. וַיְדַבֵּר מֹשֶׁה, אֶל-אַהֲרֹן וְאֶל-בָּנָיו, וְאֶל-כָּל-בְּנֵי יִשְׂרָאֵל.

“The Eternal spoke further to Moses: Speak to Aaron and say: No man of your offspring throughout the ages who has a defect shall be qualified to offer the food of his God. No one at all who has a defect shall be qualified: no man who is blind, or lame, or has a limb too short or too long; no man who has a broken leg or a broken arm; or who is a hunchback, or a dwarf, or who has a growth in his eye, or who has a boil-scar, or scurvy, or crushed testes. No man among the offspring of Aaron the priest who has a defect shall be qualified to offer the Eternal’s offering by fire; having a defect, he shall not be qualified to offer the food of his God. He may eat of the food of his God, of the most holy as well as of the holy; but he shall not enter behind the curtain or come near the altar, for he has a defect. He shall not profane these places sacred to Me, for I the Eternal have sanctified them. Thus Moses spoke to Aaron and his sons and to all the Israelites.”¹⁹

This text is primarily concerned with the classification of disabilities that are called *mumim*, or defects. The defects listed here presumably encompass those that are acquired, congenital, and temporary, as well as seen and typically hidden. Some scholars, like Y. Leibowitz and Y.S. Licht, argue that all defects are visible, while others, such as Milgrom and Olyan, argue that this

¹⁹ Leviticus 21:16-24, trans. *JPS*, adapted

is not the case. Olyan specifically points to genital damage as an example that foils this thought because the defect would be covered by clothing in the case of people, although it may hold for animals, who also undergo a classification system to be considered for sacrifice.²⁰ While there are clear conditions listed in this Leviticus passage that are defined as *mumim*, scholars have not determined why disabilities such as deafness, muteness, and mental illness are not classified as such.

While the specific conditions considered to be defects are not particularly significant to this thesis, the notion of classification itself is important to consider, especially as the rabbis flesh out a fuller classification system. What classification does is determine who is ‘in’ and who is ‘out,’ who is ‘normal’ and who is ‘abnormal,’ who can participate in ritual and who cannot participate in ritual. In the case of the Torah, the boundaries of classification are determined largely by God or those in power who are considered ‘normal.’ Because of this, a hierarchy is established that gives preference to those who are ‘normal’ to be closer to God and stigmatizes those who are ‘defective’ or disabled. In this way, a social model of disability is present. The Leviticus text does not necessarily say that certain bodies are inherently ‘bad,’ but that they are not fit for certain purposes in society. It is not the impairments themselves that are limiting, but the way that someone with an impairment is restricted in society, just as Wendell’s writing has indicated.

The role of power is significant to this conversation-- who has the power to classify bodies and who has the power to determine the implications of those classifications? To be told by God that your body is not welcome in certain spaces or for certain roles could lead a disabled or chronically ill person to walk away from religious communities more broadly. When we do not see ourselves represented, or moreso, denigrated, in our own sacred texts, it can be extremely

²⁰ Olyan 29

difficult to see how we fit in Jewish spaces. Our sages, though clearly lacking the authority of God in the Torah, picked up the process of classifying bodies for the purpose of determining who and how people could participate in Jewish life. While for the biblical priestly class, the physical state of the body was most important in determining someone's ability to participate in Jewish life, the rabbinic sages' life centered around the concept of *da'at*, cognition and understanding. Their life revolved around "oral transmission and discussion of received traditions. Therefore, the 'most disabling' disabilities in rabbinic culture were those which prevented a person from participating in the culture and from being able to recognize its orally transmitted rules and norms: that is, deaf-muteness, mental illness (insanity), and mental disability (retardation)."²¹ Blind and physically disabled people, however, only sometimes fit the rabbis' category of disability, depending on whether or not their disability prevented them from certain activities: "...for example, a blind person's inability to perceive light or a lame [sic] person's need to use prosthetic devices on Shabbat."²² Those considered 'fully' disabled were particularly stigmatized in their communities, since everything revolved around Jewish practice.

The sages concretized some of these ideas into distinct categories, three of which we will examine here. They are the *cheresh*, someone with hearing and speaking disabilities, the *shoteh*, someone with mental disabilities or mental illness, and the *katan*, a minor. While we might see some obvious differences in how such individuals might function, for the rabbis, all that mattered was the extent to which someone could participate in their system: "Such individuals suffer a common stigma, as their linked categorization serves as a 'master status': no differentiation is made between, for example, a schizophrenic person and a normal one year old, or a deaf-mute person and one with an IQ of 40. All such persons are placed into a single discredited group;

²¹ Abrams, Judith Z. *Judaism and Disability: Portrayals in Ancient Texts from the Tanach through the Bavli*. Gallaudet University Press. 1998. p. 124

²² Ibid 124

their performance of mitzvot is questioned and often discredited.”²³ For example, the *cheresh*, *shoteh*, and *katan* are unable to participate in *terumah*, the separated portion of harvest set aside as a gift for the priests. This mitzvah required *da’at*: “The separation of *terumah* from the rest of a crop entails an understanding of the nature of the act and its consequences, the ability to be questioned about it, and the ability to maintain the separation once it has been made.”²⁴ When *da’at* is required for the performance of a mitzvah, the *cheresh*, *shoteh*, and *katan* are excluded, as their actions in that instance are considered invalid.

However, once someone is in one of these categories, this does not mean that they are permanently in that category. The most obvious example is the *katan*: children grow up. A child that develops into a healthy, able-bodied adult will outgrow their stigmatized category once they are determined to have *da’at*. However, this can also happen with the *shoteh* and the *cheresh*. In general, the category of *shoteh* refers to someone who is mentally ill or mentally disabled, although in its broader understanding of ‘lack of *da’at*,’ it is sometimes used to refer to a fool, meaning one who “...fails to follow the path of learning to a meaningful life.”²⁵ This is sometimes even extended to mean an idolator. The term *cheresh* also has multiple meanings. It can refer to someone who cannot hear but can speak, like someone who goes deaf with age, as well as to someone who does not speak or hear.²⁶ With each category, the rabbis determined that an individual could sometimes become fully competent or sensate, even if only temporarily, which changes that person’s status for being able to participate in certain rituals and laws. Mishnah Gittin gives an example of the *cheresh*, *shoteh*, and *katan* when it comes to the divorce process, specifically writing and bringing a *get*, divorce papers:

²³ Ibid 153

²⁴ Ibid 169

²⁵ Ibid 140

²⁶ Ibid 171

הכל כְּשֶׁרִין לְכַתֵּב אֶת הַגֵּט, אֶפְלוּ חֲרֵשׁ, שׁוֹטֵה וְקֵטָן. הָאִשָּׁה כּוֹתֶבֶת אֶת גִּטָּהּ, וְהָאִישׁ כּוֹתֵב אֶת שׁוֹבְרוֹ, שְׂאִין קִיּוֹם הַגֵּט אֲלֵא בְּחוֹתְמָיו. הַכֹּל כְּשֶׁרִין לְהִבְיֹא אֶת הַגֵּט, חוּץ מִחֲרֵשׁ, שׁוֹטֵה וְקֵטָן וְסוּמָא וְנִכְרִי: קִבֵּל הַקֵּטָן וְהַגְדִּיל, חֲרֵשׁ וְנִתְּפַקֵּחַ, סוּמָא וְנִתְּפַחֵחַ, שׁוֹטֵה וְנִשְׁתַּפֶּה, נִכְרִי וְנִתְּגִיר, פֶּסוּל. אֲבָל פִּקֵּחַ וְנִתְּחַרֵּשׁ וְחִזֵּר וְנִתְּפַקֵּחַ, פְּתוּחַ וְנִסְתָּמָא וְחִזֵּר וְנִתְּפַחֵחַ, נְשׁוּבִי וְנִשְׁתַּטָּה וְחִזֵּר וְנִשְׁתַּפֶּה, כָּשֶׁר. זֶה הַכֹּל, כָּל שֶׁתְּחַלְתּוּ וְסוּפוּ בְּדַעַת, כָּשֶׁר:

All are qualified to write a get, even a *cheresh*, *shoteh*, and *katan* . A woman may write her own get and a man his own receipt [for the ketubah], since the document is upheld only by its signatures. All are qualified to bring a get except a *cheresh*, *shoteh*, and *katan*, a blind person and a non-Jew. If the *katan* had received the get [in order to deliver it] and then became of age; or the *cheresh* [received the get and then] his speech was restored; or the blind person [received the get and then] his sight was restored; or the *shoteh* [received the get and then] his reason returned; or the Gentile [received the get and then] converted, [the get] is invalid. But if a person of sound senses [received the get] and then became a *cheresh* and then recovered his speech; or one with sight [received the get and then] became blind and then recovered his sight; or one who was sane [received the get and then] became a *shoteh* and then recovered his reason, [the get] is valid. The general principle is that anyone who begins and finishes [his mission] in full possession of his mental faculties is qualified.²⁷

The primary question here for the rabbis is ‘which elements of the *get* process require *da’at*, or intellectual understanding, and who has that *da’at*?’ There are two steps examined here: first is the actual writing of the *get* and second is ‘bringing,’ or delivering the *get* from the husband to the wife. (Note: in the world for which the rabbis were adjudicating, marriage was only allowed between a man and a woman and the husband had to initiate and approve the divorce). With regard to writing the *get*, the text itself does not carry meaning without two valid witnesses. The writing process does not require *da’at* because two other people will certify the text by being witnesses. It is the witnesses who require *da’at*. As such, the *cheresh*, *shoteh*, and *katan*, as well as a woman, may write a *get*. However, the act of bringing the *get* falls under a different category: “In all areas of halakhah, someone who does not have “awareness” cannot act

²⁷ Mishnah Gittin 2. Trans. Joshua Kulp. *Sefaria*.

as someone else's agent."²⁸ The messenger who brings the *get* from husband to wife acts as an agent of the husband and therefore requires understanding. In addition to the *cheresh*, *shoteh*, and *katan* being excluded from being able to deliver a *get*, a blind person and a non-Jew are also part of this exclusion. (A blind person cannot certify that they saw witnesses sign the *get* and non-Jews were not able to marry or divorce Jews so they could not 'serve' a divorce either.)

The rabbis then delve into a discussion about changes in peoples' status. For the *cheresh*, *shoteh*, and *katan*, the rabbis determine that one can go from an 'invalid' state to a 'valid' state--or undergo the process of *nitpakeiach* (when a *cheresh* recovers) and *nishtafa* (when a *shoteh* recovers). They may go from mute and deaf to speaking and hearing, from mentally unstable to mentally stable, and from a child to an adult. However, if this transition occurs between the time of collecting the *get* from the husband and delivering it to the wife, it is considered an illegitimate delivery. In other words, delivering the *get* in the 'disabled' state invalidates the process. However, the rabbis also discuss the transition from a 'valid' state to an 'invalid' state and back again. This implies that one can have a baseline state of being 'valid' and become temporarily 'invalid' through a change in their *da'at*. Someone may slip into the category of *cheresh* or *shoteh*, as well as become blind, and then return to their original state. (Someone cannot get younger, so the *katan* is not relevant to this part of the discussion). For the case of delivering a *get*, "...the person was qualified to deliver the *get* when it was received and when it was delivered but while in the process he/she briefly entered a status of one who is disqualified."²⁹ As long as the person's status is valid at the critical moments of pickup and dropoff, the *get* delivery process is legitimate.

²⁸ Kulp, Joshua. "A Contemporary User-Friendly Explanation of the Mishnah." *Sefaria*. C.1997-c.2013. Mishnah Gittin 2.

²⁹ Ibid

The main takeaway from this section of the Mishnah for our purposes is that the categories of *cheresh* and *shoteh*, as well as vision-impairment, are not necessarily permanent. Someone who is generally considered a *cheresh* or *shoteh* may become ‘able’ and someone who is typically ‘able’ may become a *cheresh* or *shoteh*. The notions of *nitpakeiach* and *nishtafa* are truly possible. While this is an important understanding, what remains challenging about this is that someone’s value is still determined by their ability to participate in ‘normal’ societal activities. The social model of disability is present: being classified as a *cheresh*, *shoteh*, or *katan* is not inherently bad. However, each of the people in these categories is limited in what they can do within the halachic system. These categories delineate when and how someone is considered a full, productive member of society. The ability to cycle in and out of these categories is at one time encouraging and hopeful, and also disheartening and frustrating, especially for someone whose starting point is one of these categories of disability and illness. With the possibility for *nitpakeiach* and *nishtafa*-- the constant dream that getting ‘better’ is possible, even if only temporarily-- it can be incredibly challenging to face the reality that this may not happen. When society, and really, the rabbis, posit that it is possible to go from ‘invalid’ to ‘valid,’ it is difficult not to place that expectation on oneself.

In this way, the potential for renewal or return to a prior state through the notions of *nitpakeiach* and *nishtafa*, especially as they relate to the *cheresh* and *shoteh*, provide a foundation for understanding illness today. The hope for recovery is fairly standard when experiencing an illness-- you hope that your cold passes quickly, that an infection clears up, that a broken bone heals. Most of us probably have experience with the underlying concept of *nitpakeiach* and *nishtafa*, that our bodies and minds change under different conditions and at different times in our lives. However, under the surface, these concepts also speak to chronic

illness-- conditions that do not fully 'go away.' For many with chronic illness, it is not always so clear when someone is considered to be in a 'valid' state or an 'invalid' state. As mentioned previously, some chronic illnesses present as constant, while others present as cycles of intense symptoms with relatively calm periods in between. Just as with the notions of *nitpakeiach* and *nishtafa*, the cycles may be unpredictable and the heightened symptoms may last anywhere from hours or days to months or years. This unpredictability and inconsistency can make it difficult to establish patterns of involvement in a community. While the strict classification systems of the rabbis may be less operative or relevant in progressive Jewish communities today, they still represent the idea that people may need to adjust their activity level based on changes in their bodies and minds. Some people may be disabled by their chronic illness, while others can work through their illness, and many others fall somewhere in between, experiencing periods of both. In this way, chronic illness challenges the notion that someone can be 'in full possession of mental faculties' or physical abilities at any one time or at all times.

As this chapter has demonstrated, Biblical and rabbinic understandings of disability and illness are foundational for our understanding of disability and illness today. While contemporary understandings of these topics are more nuanced and rooted in modern science, our ancient texts also grappled with notions of classification, ability, limitation, and the role of society in determining these concepts. The rabbis understood the temporary nature of certain illnesses, as well as the temporary nature of healthy able-bodied people. Through these considerations and conversations, we have begun to understand some of the distinguishing characteristics and unique challenges of chronic illness and those who have chronic illness. The next chapter will expand this by examining the theological underpinnings of illness, healing, and cure.

Chapter 2: *Rofei HaCholim*-- God as Healer and Curer of the Sick

Illness and Health in Contemporary and Jewish Text

In the previous chapter, I defined chronic illness and disability and gave some core examples of how they are portrayed in Biblical and rabbinic texts. This chapter examines notions of illness, health, healing, and cure in contemporary literature and Jewish text, especially focusing on God's role in these states. Understanding the differences between healing and cure will be at the center of the chapter, but there are some underlying assumptions about illness and health that need to be elucidated first. By the end of this chapter, I hope to have a working answer to the questions, 'What has God's role been in illness, health, healing and cure, in classic Jewish texts?' and 'What is troubling or missing from the depictions of God in these cases?' I will use Biblical, rabbinic, and medieval sources that portray God acting in relation to illness, as well as in relation to healing of body and healing of soul.

One of the main underlying assumptions that this thesis struggles with is that Jewish and secular literature have long categorized 'sick' or 'unhealthy' as diametrically opposed to the category of 'healthy.' There are other dichotomies that align with these categorizations, such as 'imperfect' and 'perfect,' as well as 'broken' and 'whole.' These are value-laden terms that can determine someone's sense of self and sense of worth to others. When someone becomes acutely sick, restoration of health is usually the expected goal and is not questioned. However, American society's obsession with health and 'wellness' often extends beyond a simple understanding of a well-functioning body. It is assumed that "... anyone can control her/his health with the right diet, exercise, attitudes, relationships, or religious beliefs; it follows from most of them that those who are unhealthy are doing something wrong, and that, if they have

been told how to take better care of themselves, they are acting irresponsibly.”³⁰ While it is important to value health, the emphasis on health as an indicator of potential contributions to society can be damaging for those with chronic illness. Wendell continues: “Health is regarded as a virtue or a blessing, depending on how well a person or group of people understands that it cannot be controlled, but it is almost always regarded as a good. Among people who have the political savvy not to give thanks publicly for being nondisabled, giving thanks for being healthy is acceptable, even commendable.”³¹ When health is considered a virtue, then one who is sick is immoral and a failure. When health is considered a blessing, then illness is considered a curse. If this is the discourse in contemporary secular conversations, then interrogating its roots in ancient and medieval religious sources may provide insight into its foundations.

Maimonides, expressing an opinion from the Talmud, wrote, “....one should set his heart upon making his body perfect and strong so that his soul should be upright to know the Lord [sic]. For it is impossible for him to understand and reflect upon wisdom when he is sick or when one of his limbs is in pain.”³² This idea of ‘perfection’ of the physical body as the definition of health is fairly representative of rabbinic and medieval Jewish understandings of health and its relationship to the ability to study. In the Mishneh Torah, Maimonides wrote extensively on how to care for the body, much of which was based on eating habits. In chapter four he wrote:

לְפִיכָךְ צָרִיךְ לְהִרְחִיק אֶדָם עֲצָמוֹ מִדְּבָרִים הַמֵּאַבְדִּין אֶת הַגּוּף. וּלְהִנָּהִיג עֲצָמוֹ בְּדְבָרִים הַמְּבָרִין
וְהַמְּלִימִים. וְאֵלּוּ הֵן: לְעוֹלָם לֹא יֵאָכֵל אָדָם אֶלָּא כִּשְׁהוּא רַעֲב. וְלֹא יִשְׁתֶּה אֶלָּא כִּשְׁהוּא צָמָא. וְאֵל
יִשְׁתֶּה נִקְבִּיו אֶפְלוּ רָגַע אֶחָד. אֶלָּא כָּל זְמַן שֶׁצָּרִיךְ לְהִשְׁתֵּין אוֹ לְהִסָּךְ אֶת רַגְלָיו יַעֲמִיד מִיָּד:

It is necessary for man to distance himself from things which destroy the body,
and accustom himself in things which are healthful and life-imparting. These are:

³⁰ Wendell 29

³¹ Ibid 30

³² Freeman xxiv

never shall man partake food save when hungry, nor drink save when thirsty; he shall not defer elimination even one minute, but the moment he feels the need to evacuate urine or feces he must rise immediately.³³

Much of this is rooted in the understanding that health is the norm and maintaining health requires a balance of what enters and leaves the body. However, while the rabbis often mentioned health in their writings, it is rarely defined any more than in Maimonides' writings. There is a lot of value placed on physical health, but 'healthy' and 'sick' are treated as categories that do not seem to warrant much explanation. There are plenty of stories in which a rabbi becomes ill and then experiences a restoration of health, but there is no in depth conversation of what it means to be healthy. Chronic illness does not find a place in these discussions.

People with chronic illnesses often find it difficult to discover self-worth in a world in which these are the dominant understandings. Nancy Eiesland, disabled Christian scholar, writes:

Embodiment is not a purely agreeable reality; it incorporates profound ambiguity-- sometimes downright distress. There is simply no denying it. We concede the precarious position of living a difficult life and affirming our bodies as whole, good, and beautiful. In this incongruity, the revolutionary act of accepting our bodies as 'survive-able,' not deficient or deformed, is vital. 'Survive-able' bodies are painstakingly, honestly, and lovingly constructed, not, according to Nancy Mairs, 'heroic figure[s], wounded but still defiant.' Instead of flagellating ourselves or aspiring to well-behaved 'perfect' bodies, we savor the jumbled pleasure-pain that is our bodies. In a society where denial of our particular bodies and questing for a better body is 'normal,' respect for our own bodies is an act of resistance and liberation."³⁴

Eiesland reminds us that these notions of normal and abnormal, perfect and imperfect, broken and whole are only the beginning of understanding. Bodies are complex, as is the discourse around bodies. When we stop at the surface level of understanding, we can be left hurt and confused. But by reclaiming our own bodies, we can create new sentences about embodiment,

³³ Rambam, *Mishneh Torah*, Human Disposition, Chapter 4. Trans. *Sefaria*.

³⁴ Eiesland, Nancy L. *The Disabled God: Toward A Liberatory Theology of Disability*. Nashville, Abingdon Press, 1994. P. 95-6

illness, and societal value. As we move through the rest of this chapter, which draws out a lot of challenging and troubling topics, remember that we will then return in the following chapter to a sense of reconstructing the narrative and experience of living with chronic illness and a new understanding of God's connection to illness.

Healing and Cure in Contemporary Literature

While the terms 'healing' and 'cure' are often used interchangeably, they do hold distinct meanings and connotations. Cure is more readily understood in general, as it is considered the recovery from or eradication of a disease or illness. Healing, however, is somewhat more vague-- it can be more related to the process of returning to health, but is also identified with the holistic process of finding meaning while experiencing illness or becoming whole. According to a study published in the *Annals of Family Medicine* journal, doctors associate healing with wholeness, narrative, and spirituality. The study concludes that healing can be defined as "...the personal experience of the transcendence of suffering"³⁵ and contends that the role of doctors has become about 'curing diseases' rather than 'healing the sick.' The focus of curing, therefore, is the 'problem' within the body, while the focus of healing is the whole person. This idea is confirmed by Michael Lee, editor of the poetry collection *Poems in the Waiting Room*: "'...the healer sees the patient as a person in trouble who needs to be made whole, while the curer sees the patient as a carrier of a disease, which must be remedied or removed.'"³⁶

How healing appears likely depends on the practitioner, especially because it is not only doctors who can provide healing. While there are people trained in methods of holistic healing, clergy, social workers, teachers, and friends can also contribute to someone's healing process. A

³⁵ Egnew, Thomas R. "The meaning of healing: transcending suffering." *Annals of family medicine* vol. 3,3 (2005): 255-62. doi:10.1370/afm.313

³⁶ Cutter, Rabbi William, editor. *Healing and the Jewish Imagination: Spiritual and Practical Perspectives on Judaism and Health*. Woodstock, Vermont, Jewish Lights Publishing, 2. p. 4

Jewish religious approach could be described as such: “This healing begins with a gift of empathy, companionship, and being present. It shares an awareness of the pain, suffering, or fear that is the lot of both the patient and those fearing or experiencing the loss of a loved one. Teachings that speak of a deep, mystical faith, where the gulf between the divine and human is transcended, are an important part of the healing resources our tradition has to offer.”³⁷

The terms ‘cure’ and ‘healing’ are especially important for those with chronic illness, as well as for those with disabilities. Notions of cure, in particular, rely on the aforementioned dichotomies of healthy and unhealthy, perfect and imperfect, broken and whole. Cure is generally the first thing we seek in Western medicine, whether it is for a common cold or something more complex. But when seeking cure is the cultural norm, it can present challenges to those whose bodies are deemed by society to be ‘broken’ or ‘abnormal,’ when in reality their bodies are simply different from the bodies valued in society.

In his book “Brilliant Imperfection: Grappling With Cure,” disabled writer and activist Eli Clare details the historical and present day challenges of medical and societal systems that treat disabled people as bodies in need of cure. He identifies the basic problems of cure:

First, cure requires damage, locating the harm entirely within individual human body-minds³⁸, operating as if each person were their own ecosystem. Second, it grounds itself in an original state of being, relying on a belief that what existed before is superior to what exists currently. And finally, it seeks to return what is damaged to that former state of being.³⁹

³⁷ Green, Arthur. “Mystical Sources of the Healing Movement.” *Healing and the Jewish Imagination: Spiritual and Practical Perspectives on Judaism and Health*., Jewish Lights Publishing, 2007, pp. 51-62. p. 55

³⁸ Clare explains that he uses the term ‘body-mind’ to emphasize that the mind and body are inextricably linked “and the ways in which the ideology of cure operates as if the two are distinct-- the mind superior to the body, the mind defining personhood, the mind separating humans from nonhumans.” Clare, Eli. *Brilliant Imperfection: Grappling with Cure*. Durham and London, Duke University Press, 2017. xvi

³⁹ Clare 15

His first point is tied to the social model of disability. He contends that cure operates in the opposite manner of the social model by locating the ‘problem’ within an individual, rather than in how society treats disabled people. The second and third points rest on the problematic idea that everyone has a ‘before’ state, as well as notions of what is ‘normal’ and ‘natural.’ Clare rightfully posits that not everyone has a ‘before’ and ‘after’ disability narrative, as many people are born with disabilities. This also pushes back on the idea that, in the case of a shift from ‘abled’ to disabled, the abled state is the desired, normal, and valued state of being. Rather than valuing bodies for the way they are, the idea of cure rests on eradicating problems in pursuit of a ‘perfect’ body.

Arthur Frank, in his book “The Wounded Storyteller,” writes of this resistance to cure within the framework of sharing illness narratives. He identifies three types of narrative: restitution, chaos, and quest. It is the restitution narrative that most closely echoes Clare’s claims: “Health-care workers expected any experience to be interpreted within a narrative of movement toward recovery of health. [...] I increasingly resisted the restitution narrative, especially how it positioned the physician as the protagonist and relegated me to being the object of that protagonist’s heroism.”⁴⁰ Frank, writing specifically about illness, recognizes that the emphasis on cure removes a sense of agency from one’s own narrative and diminishes the very real experience of pain.

In contrast, Clare acknowledges that his ideas of cure are based around a healthy disabled person. He writes, “As I listen, I feel the lived experiences of illness, disorder, debilitating pain and exhaustion-- the moments when disability is in truth linked to being unhealthy-- mount up. They ask me to pay attention.”⁴¹ Even so, Frank’s framing of the restitution narrative

⁴⁰ Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. Univ. of Chicago Press, 2013. xiv.

⁴¹ Clare 61

demonstrates that language of cure is damaging for both those who are chronically ill and those who are disabled, healthy or unhealthy. Clare continues, using the following quote from Wendell: “Some unhealthy disabled people, as well as some healthy people with disabilities, experience physical or psychological burdens that no amount of social justice can eliminate. Therefore, some very much want to have their bodies cured, not as a substitute for curing ableism, but in addition to it.”⁴² Clare uses this to demonstrate the ways in which disability communities are often unwelcoming to those who are chronically ill, since many chronically ill people rely on medical systems, even as they push away expectations of cure. Just as language of cure threatens the dignity and acceptance of disabled people, cure never fully applies to most chronic illnesses, as a person with a chronic illness will never achieve a socially recognized state of perfection. While a cure may be the desired outcome for someone with chronic illness, the constant societal barrage of cure as the only option for living a ‘normal’ life can be harmful to those with chronic illness and disabilities alike. As Clare writes, “Cure is such a compelling response to body-mind loss precisely because it promises us our imagined time travel. But this promise can also devalue our present-day selves. It can lead us to dismiss the lessons we’ve learned, knowledge gained, scars acquired. It can bind us to the past and glorify the future.”⁴³ Rather than focusing on how to live with the bodies that we have right now, emphasis on cure can lead us to think ‘in the future, when there’s a cure, everything will be different and I’ll be normal.’ Instead, Clare advocates for embracing our bodies as they are now, working with our bodies rather than against them. This is how Frank describes the ‘quest’ narrative: “If I become ill again, or when I do, how will I find ways to avoid feeling that my life is diminished by illness and eventually by dying?”⁴⁴ Only by grappling with this question are we able to fight back

⁴² Wendell 18

⁴³ Clare 57-8

⁴⁴ Frank xvi

against the damaging effects of a politics of cure. This perspective also resists notions of ‘overcoming’ disability, since the goal is not to defeat our own bodies or transcend our conditions, but to become in tune with the ways in which our bodies function, and adjusting the ways in which we do things as necessary.

Instead of being constantly reminded of what we used to be able to do or what we could do in the future, Clare reframes the experience of living in what society considers a ‘broken’ body. He addresses this notion of brokenness, naming that it is usually others who name bodies as broken: “We’re broken because doctors and the media, our partners and families, coworkers and case managers say so. Amidst these voices, listening to our own body-minds is almost impossible. But even when we’re able to create a bit of space to figure out what we feel, the meanings of *broken* and its companion *fixed* bend and waiver.”⁴⁵ In this way, Clare adds another layer to the dichotomy of ‘broken’ and ‘whole’ by empowering those whose bodies are supposedly broken to seek out their own understanding of their own body. In that searching, it can become clear that broken and fixed are not so easily identifiable states of being. Rather, one can float between and amidst these poles, reclaiming the words and forming new understandings of how these terms apply. Clare admits that he is not always sure how to go about this, but pushes his readers to consider breaking down the barriers of such dichotomies and societal pressures. He asks, “What do we need to make peace with our visceral selves today, to let go of the fantasies, even if we hope beyond hope that our flesh and bones, organs and neurons might be different someday down the line?”⁴⁶ This brings us back to broader notions of healing-- of integrating our experiences with illness and disability into our lives in a way that enables us to go

⁴⁵ Clare 161

⁴⁶ Ibid 87

on living in the present moment. Without identifying it as such, Clare demonstrates the dangers of a cultural bias toward cure while offering the alternative approaches of healing.

God's Role in Illness, Healing, and Cure in Jewish Text

As we have seen, contemporary literature recognizes the inherent challenges of living in a society that considers health a virtue. This idea is strongly rooted in Biblical text, becoming ever more complicated because God is at the center of the idea. Because God is portrayed as omniscient and omnipotent, God in the Bible is responsible both for causing illness and for restoring health. However, this restoration of health does not fall neatly into one of the contemporary categories of 'healing' or 'cure,' largely because of the limitations of the Hebrew language. In all cases in which God acts to change someone from sick to healthy, God is called רופא, *Rofei*, usually translated as 'healer.'⁴⁷ While this may be considered the standard translation, given contemporary understandings, I would like to argue that in some cases, God acts as healer, but in many cases, God acts as a 'curer.' In addition to Biblical portrayals of God in this light, Jewish liturgy often depicts God in a 'curing' role.

In the Biblical theological construct, God is considered a true healer while also causing illness in the first place and using illness as a threat. This conundrum is present in the following passage from the book of Exodus, which occurs shortly after the Israelites cross the sea from Egypt into the wilderness. The people have grumbled against Moses about their lack of water, so God gives Moses a piece of wood to toss into the water to make it sweet and makes this declaration:

⁴⁷ Brown, Francis, S R. Driver, Charles A. Briggs, James Strong, and Wilhelm Gesenius. *The Brown-Driver-Briggs Hebrew and English Lexicon*. Peabody, Mass: Hendrickson Publishers, 1996.

וַיֹּאמֶר אֱלֹהִים תִּשְׁמָע לְקוֹלִי יְהוָה אֱלֹהֶיךָ וְהִנֵּשְׂרָ בְּעֵינֶיךָ תַּעֲשֶׂה וְהִאֲזַנְתָּ לְמִצְוֹתַי וְשָׁמַרְתָּ
כָּל־חֻקָּיו כָּל־הַמִּצְוֹת אֲשֶׁר־שָׁמַרְתִּי בְּמִצְרַיִם לֹא־עָשִׂים עָלֶיךָ כִּי אֲנִי יְהוָה רַפְּאֵךְ:

God said, 'If you will heed the Eternal your God diligently, doing what is upright in God's sight, giving ear to God's commandments and keeping all of God's laws, then I will not bring upon you any of the diseases that I brought upon the Egyptians, for I the Eternal am your Healer.'⁴⁸⁴⁹

Here, God promises health in exchange for obedience. In this instance, God promises more than simply eradicating disease. God promises to watch out for the Israelites, guarding their best interests and their total well-being. God claims to be the ultimate benefactor of goodness and protection, which is beyond notions of 'cure' and aligns more with notions of healing. This text also highlights the irony of God's promise given God's threat-- I am the ultimate healer, but only when you are worthy of my protection. This kind of transactional underpinning seems antithetical to modern understandings of healing. It seems as though God causes illness in order to motivate adherence to God's laws, in exchange for which the people merit cure. God is then perceived as Healer.

Moses more explicitly states God's role in illness and health in the book of Deuteronomy, in his last address to the Israelites before he ascends Mount Nebo. Moses says that God has declared:

רָאוּ י עֵתָּה כִּי אֲנִי אֱלֹהִים וְאֵין אֱלֹהִים עִמָּדִי אֲנִי אֱמִית וְאֵין מַחְצֵתִי וְאֲנִי אֶרְפָּא וְאֵין מַדְי מִצִּיל:

See, then, that I, I am God; There is no God beside Me. I deal death and give life; I wounded and I will heal: None can deliver from My hand.⁵⁰

Here, too, God seems to speak to a larger metaphysical sense of healing, not cure. But God also states that God has caused harm. This phrase is put in conversation with God dealing death and

⁴⁸ I retained the original translation of Rofei as 'healer' based on my understanding of God's intent here.

⁴⁹ Exodus 15:26, trans. *JPS*

⁵⁰ Deuteronomy 32:39, trans. *JPS*

giving life, which are seen as part of God's realm because they are the ultimate demonstrations of God's eternal power. But causing bodily harm falls outside of the norm of contemporary liberal Jewish understandings of God, especially when God claims to be the ultimate Healer--source of relief, comfort, and protection. What, then, do we make of the suffering that God causes? Some argue that we can find meaning in pain and suffering and that God uses pain as a means for bringing people closer to God:

When we experience pain and use that experience to make ourselves more empathetic to others who suffer and to perform increased acts of lovingkindness, we act as God's partner, giving meaning to the inherently meaningless. Then the answer to the question, 'Why?' can become 'To give me the motivation and insight to be more understanding and generous to those in pain. This experience may allow me to ennoble my own life by acting as God's partner in bringing healing not just to myself, but to others as well. I would not have known how much suffering hurts if not for this experience.'⁵¹

However, the type of healing purported here glosses over the real day-to-day struggle of living with chronic illness and jumps to helping others, without focusing on the experience of the self. It portrays an image in which healing is about 'transcending' or 'overcoming' the illness. This then creates a hierarchy of those who are 'healed' and those who need help, as if healing is a final state of being, rather than an ongoing process. While experiencing pain can certainly build empathy for others in pain, this is not the only way for a supposedly good, powerful God to bring our attention to ourselves or others who are suffering.

This approach confirms Biblical notions of virtuous suffering, the idea that suffering, especially suffering caused by God, is beneficial because it builds moral character. The notion often promotes the idea that disabled people have a 'special' relationship with God, "...that the person with disabilities is either divinely blessed or damned: the defiled evildoer or the spiritual

⁵¹ Freeman 57

superhero.”⁵² Disabled Christian scholar Nancy Eiesland, author of “The Disabled God,” argues that Biblical support of virtuous suffering has had a long-lasting, damaging effect on disabled people: “...it has encouraged our passivity and resignation and has institutionalized depression as an appropriate response to ‘divine testing.’”⁵³ The most popular Biblical example of this narrative in the Jewish canon is Job, the ultimate suffering servant who withstands test after test from God, all the while remaining faithful. Eiesland argues that “[v]iewing suffering as means of purification and of gaining spiritual merit not only promotes the link between sin and disability but also implies that those who never experience a ‘cure’ continue to harbor sin in their lives.” When one fails to be healed, then, they are viewed as personally flawed for their apparent inability to repent for their sins. So, personal sin can at one time bring on illness and prevent healing. Ultimately, though, virtuous suffering promotes the idea that illness and disability are part of God’s plan and need to be embraced in some way. Eiesland continues, writing that “...the theology of virtuous suffering has encouraged persons with disabilities to acquiesce to social barriers as a sign of obedience to God and to internalize second-class status inside and outside the church.”⁵⁴ Because of this, social barriers of disability can easily be perpetuated in religious spheres if this is the theology held by the majority. If disability is seen as a matter between God and the disabled person, someone else is not likely to intervene as an ally to dismantle social barriers.

While virtuous suffering is one particular stream of biblical ideas of God’s role in illness, there are broader notions of illness and disability as punishments for sin that are common throughout the Bible. One of the most famous examples is that of Miriam being stricken with

⁵² Eiesland 72

⁵³ Ibid 72

⁵⁴ Ibid 73

tzara'at, a scaly affliction often thought by the rabbis to be a physical manifestation of moral iniquities, after she and Aaron speak out against Moses for marrying a Cushite woman:

וַיֵּרֶד יְהוָה בְּעַמּוּד עָנָן, וַיַּעֲמֵד פֶּתַח הָאֹהֶל; וַיִּקְרָא אֶהֱרֹן וּמִרְיָם, וַיֵּצְאוּ שְׁנֵיהֶם. וַיֹּאמֶר, שְׁמַעוּ-נָא דְבַר יְיָ: אִם-יְהִיָּה, נְבִיאֵכֶם--יְהוָה בִּמְרֹאֶה אֵלָיו אֶתְנִדַּע, בְּחֹלוֹם אֲדַבֵּר-בּוֹ. לֹא-כֵן, עֲבַדִּי מֹשֶׁה: בְּכָל-בֵּיתִי, נֶאֱמָן הוּא. פֶּה אֶל-פֶּה אֲדַבֵּר-בּוֹ, וּמִרְאָה וְלֹא בְחִידָת, וּתְמִנַּת יְהוָה, יִבִּיט; וּמַדּוּעַ לֹא יִרְאֶתֶם, לְדַבֵּר בְּעַבְדִּי בְּמֹשֶׁה. וַיַּחַר-אַף יְהוָה בָּם, וַיִּלֶּךְ. וַהֲעֵנָה, סֵר מֵעַל הָאֹהֶל, וַהֲנִיחָה מִרְיָם, מִצִּרְעַת פִּשְׁלִיג; וַיִּפֹּן אֶהֱרֹן אֶל-מִרְיָם, וַהֲנִיחָה מִצִּרְעַת. וַיֹּאמֶר אֶהֱרֹן, אֶל-מֹשֶׁה: בִּי אֲדֹנִי--אֵל-נָא תִשֶׁת עָלֵינוּ חֲטָאת, אֲשֶׁר נֹאֲלָנוּ וְאֲשֶׁר חֲטָאנוּ. אֵל-נָא תְהִי, כָּמֹת, אֲשֶׁר בָּצַאתוּ מִרְחֹם אֱמוֹ, וַיֹּאכַל חֲצִי בָשָׂרוֹ.

The Eternal came down in a pillar of cloud, stopped at the entrance of the Tent, and called out, “Aaron and Miriam!” The two of them came forward; and God said, “Hear these My words: When a prophet of the Eternal arises among you, I make Myself known to him in a vision, I speak with him in a dream. Not so with My servant Moses; he is trusted throughout My household. With him I speak mouth to mouth, plainly and not in riddles, and he beholds the likeness of the Eternal. How then did you not shrink from speaking against My servant Moses!” Still incensed with them, the Eternal departed. As the cloud withdrew from the Tent, there was Miriam stricken with snow-white scales! When Aaron turned toward Miriam, he saw that she was stricken with scales. And Aaron said to Moses, “O my God, account not to us the sin which we committed in our folly. Let her not be as one dead, who emerges from his mother’s womb with half his flesh eaten away.”⁵⁵

Jewish commentators have long asked the question of why Miriam was stricken with *tzara'at* and Aaron was not. Their reading of this text highlights the direct relationship between sin and punishment with illness. They feel it is clear that “‘Skin disease’ is used by the deity as a penalty for transgression.”⁵⁶ Miriam speaks against Moses, which angers God, who causes Miriam’s skin to erupt with scales. Even Moses’ plea of *אֵל נָא רַפָּא נָא לָהּ*, *El na r’fa na la*, ‘O God, pray, heal her!’ is not met with an immediate cure. God’s response is in line with the Levitical laws that Miriam must spend seven days outside the camp, in accordance with the laws enumerated in the book of Leviticus. So great was Miriam’s transgression that a quick cure from God was not possible. Miriam had to go through a healing process on her own for seven days in order to

⁵⁵ Numbers 12:5-12, trans. *JPS*

⁵⁶ Olyan 56

rectify the sin and warrant her own healing. Because of the nature of *tzara'at*, Miriam's healing was not solely about the scales on her skin. It was also about her internal process of reckoning with her behavior, namely speaking against Moses. In this way, God caused the illness as a punishment for sin, but God was absent from the healing.

The Mishnah, which only contains two passages that speculate about the cause of disability, first develops the idea that "...sin leads to disability in that faculty with which the sin was committed."⁵⁷ In both of these instances (Mishnah Sotah 1:8-9 about the trial of a wife suspected of adultery and Mishnah Peah 8:9 about who can take from the corners of fields) the texts rely on the idea of *midah k'neged midah*, or 'measure for measure.' In this way, God's use of punishment for sin is highly specific. God does not cause a vague disability. God uses targeted punishment through the body.

The rabbis use this methodology of understanding illness to create an archetype of *tzara'at* as illness that is caused by sin. Based on Miriam's case, they identify other transgressions that are punished by *tzara'at*:

זאת תהיה תורת המצרע (ויקרא יד, ב), הַדָּא הוּא דְּכִתִּיב (משלי ו, טז): שֶׁשׁ הֵנָּה שָׁגָא ה' וְשָׁבַע תוֹעֵבָת נַפְשׁוֹ, רַבִּי מֵאִיר וְרַבִּנּוּן, רַבִּי מֵאִיר אָמַר שֶׁשׁ וְשָׁבַע הָרִי שֶׁלֹּשׁ עֶשְׂרֵה. וְרַבִּנּוּן אָמַר שֶׁבַע מְקִימִין, וְשָׁבַע דְּכִתִּיב זֶה שֶׁבִיעִית שֶׁקֶשָׁה כְּנֶגֶד כָּלָם, וְאִיזָה זֶה (משלי ו, יט): וּמִשְׁלַח מַדְגִּים בֵּין אַחִים, וְאֵלּוּ הֵן (משלי ו, יז יט): עֵינִים רְמוֹת לִשׁוֹן שֶׁקֶר וְיָדַיִם שׁפְכוֹת דָּם נָקִי, לֵב חָרֵשׁ מַחֲשֵׁבוֹת אָזֶן רִגְלִים מְמַהְרֹת לְרוּץ לְרָעָה, יָפִיחַ כְּזָבִים עַד שֶׁקֶר וּמִשְׁלַח מַדְגִּים בֵּין אַחִים, וְאָמַר רַבִּי יוֹחָנָן וְכֵלָן לְקוֹ בְּצֻרְעַת

"This will be the law of the *metsora*" (Leviticus 14:2). This is that which is written (Proverbs 6:16), "Six things the Eternal hates; seven are an abomination to God's soul" -- it is a dispute between Rabbi Meir and the rabbis. Rabbi Meir says six and seven together is thirteen. The rabbis say seven exist - the seven which is written is because the seventh is as harsh as them all put together. And which is this? This is "one who incites brothers to quarrel" (Proverbs 6:19). And these are them [the full seven]: "A haughty bearing, a lying tongue, hands that shed innocent blood; A mind that hatches evil plots, feet quick to run to evil; A false

⁵⁷ Abrams 87-8

witness testifying lies, and one who incites brothers to quarrel" (Proverbs 6:17-19). And Rabbi Yochanan said, "And all of them are struck with *tsaraat*."⁵⁸

The sages identify these seven acts as automatically causing *tzara'at* because they are 'an abomination to God's soul.' These are the worst acts that someone can commit and they are punished with this particular illness. Those who commit these sins are not stricken with *tzara'at* all over their body. Rather, "...consequences of sin committed through the body are experienced through the body."⁵⁹ Specifically, the part of the body used to commit the sin is afflicted with the scales, reflecting the idea of *midah k'neged midah*.

As we saw with Miriam, God does not always or immediately provide the cure or healing after causing the illness or disability. However, one of God's popular names is Healer. Many times in which God is called 'Healer,' God actually acts as 'curer.' By examining some biblical and liturgical texts around ideas of *refuat haguf*, healing of body, and *refuat hanefesh*, healing of soul, we can begin to understand the ways in which God does or does not intervene for the sake of bringing about healing or cure.

God as Healer of Body

With all of the emphasis on sin as a cause of disability, there are many discussions in Jewish text about what will happen to disabled bodies when the Messiah comes and there is a new utopian era. There are some visions, expressed in the prophets and in Midrashic writing, in which disability is absent, but in other cases it is central to the theology of resurrection. In some cases, the texts "...speak of a utopian future of changed circumstances for disabled persons in which they are able to accomplish uncharacteristic feats."⁶⁰ Other passages focus on the physical

⁵⁸ Vayikra Rabbah 16:1, Trans. *Sefaria Community Translation*

⁵⁹ Abrams 95

⁶⁰ Olyan 78

transformation of disabled people themselves, like people who are blind or deaf becoming seeing or hearing people. In still other situations, "...disability functions metaphorically to suggest Israel's rejection by Yhwh [sic] before his[sic] saving intervention on their behalf."⁶¹ In every case, the transformation of disabled people is used to demonstrate God's power, and in the process, stigmatizes disabled people. Disabled people are presented as not belonging in an ideal world and possessing undesirable traits, requiring God's intervention to be welcome in society.

One specific example can help demonstrate a number of these troubling ideas:

בוא וראה כל מה שהכה הקדוש ברוך הוא בעולם הזה מרפא אותן לעתיד לבוא, העורים מתרפאים, שנאמר (ישעיה לה, ה): אז תפקחנה עיני עורים, והפסחים מתרפאים, שנאמר (ישעיה לה, ו): אז ידלג פאיל פסח ותרון לשון אלים, וכשם שהאדם הולך כך הוא בא, הולך עור ובא עור, חרש ובא חרש, אלים ובא אלים, כשם שהוא הולך לבוש כך הוא בא לבוש, ממי את למד משמואל, שראה אותו שאול מהו אומר לאשה (שמואל א כח, יד): מה תארו ותאמר איש זקן והוא עטה מעיל, שפך היה לבוש, שנאמר (שמואל א ב, יט): ומעיל קטן תעשה לו אמו. ולמה כשם שהאדם הולך כך הוא בא, שלא יאמרו כשהם חיים לא רפאון משמתי רפאון הקדוש ברוך הוא ואחר כך הביאנו דומה שאינן אותן אלא אלו אחרים הם, אמר הקדוש ברוך הוא אם פן יעמדו כמו שהלכו ואחר כך אני מרפא אותן, למה (ישעיה מג, י): לפני לא נוצר אל, ואני מרפא אותן.

"Come and see how all whom the Holy One, blessed be God, has smitten in this world God will heal in the future that is to come. The blind will be healed, as it is says, 'Then the eyes of the blind shall be opened' (Isaiah 35:5); the lame [sic] shall be healed: 'Then shall the lame man leap as a hart' (Isaiah 35:6); the mute shall be healed: 'And the tongue of the mute shall sing' (Isaiah 35:6). And just as a person goes [out from this world] so shall he enter [into the next]: If he goes [out] blind, he will come back blind. If he goes [out] deaf, he will return deaf. If he goes [out] mute, he will return mute; if he goes [out] lame, he will return lame... Why does a person return as he went? So that [people] should not say: After they died God healed them and then brought them back! Apparently these are not the same [people who died] but others. The Holy One blessed be God said, 'If so, let them rise as they went [to the grave] and after [the resurrection] I will heal them. Why so? [That you may know that...] before Me there was no God formed, neither shall any be after Me' (Isaiah 43:10). And I shall heal them."⁶²

⁶¹ Ibid 78

⁶² Bereishit Rabbah, Vayigash 95:1, trans. *Abrams* 63

This text deals not only with the transformation of disabled people to able-bodied, but also with the theological implications of God performing this transformation for God's own sake. Rather than valuing disabled people as part of the variety of God's creation, they are deemed to have imperfect bodies that need 'fixing' to fit into the perfect world of the messianic era. However, they were not 'cured' while alive and only now warrant 'fixing' so that God can prove that God alone is the eternal, superior, ultimate power. Just as with the punishment of illness or disability for sins, God uses disabled bodies as a pawn in God's show of power. While today we can say that disabled people do not need to be cured in the first place, God, as depicted in this text and many others, does believe that disabled bodies must be altered to be worthy of a perfect world, not the other way around. In this case, God is not so concerned with healing, but cure--perfecting human bodies for the sake of fitting a particular image of 'normal' and 'desired' for the perfect messianic world.

The way in which these ideas surface in liturgy is also significant. For those who turn to liturgy and ritual for comfort, the words and ideas they encounter can be particularly troubling: "For people in chronic distress, our sacred calendars and their liturgies lose credibility, because they reflect only the lives of the healthy."⁶³ The idea of God forming the perfect body from birth and through 'healing' comes to the fore in the prayer *Asher Yatzar*, which is typically said after using the bathroom but is also present in morning liturgy:

ברוך אתה ה' אלהינו מלך העולם, אשר יצר את האדם בַּחֲכָמָה, וברא בו נְקִבִּים וְחֻלִּים
חֻלִּים. גִּלּוּי ויָדוּעַ לִפְנֵי כֹסֶא כְבוֹדְךָ, שְׂאֵם יִפְתַּח אֶחָד מֵהֶם, אוֹ יִסְתֵּם אֶחָד מֵהֶם, אִי אֶפְשֶׁר לְהִתְקִים
וּלְעִמּוֹד לִפְנֵיךְ אֶפְלוּ שְׁעָה אַחַת. בָּרוּךְ אַתָּה יי, רוֹפֵא כָּל בָּשָׂר וּמַפְלִיא לַעֲשׂוֹת:

Blessed are You, Adonai, our God, Ruler of the universe, who formed man [sic]
with wisdom and created within him [sic] many openings and many hollow

⁶³ Hoffman, Lawrence. "Illness and Inculturation." The Kavanagh Lecture at Yale University. October 12, 2004.

spaces⁶⁴. It is obvious and known before Your Seat of Honor that if even one of them would be opened, or if even one of them would be sealed, it would be impossible to survive and to stand before You even for one hour. Blessed are You, Adonai, who cures⁶⁵ all flesh and acts wondrously.⁶⁶

The idea that God ‘formed man with wisdom’ could mean that God used wisdom in the process of forming man, or that God imbued man with wisdom in the process. If God used wisdom in the process of forming humans, this raises questions around whether God knowingly creates people with illnesses that cause pain and suffering, or whether God knowingly creates varied bodies whose stories unfold in ways that God does not know. There are times when peoples’ organs do not function as ‘normal’ bodies function-- so how could God have formed those bodies with wisdom or how could this be God acting wondrously? This text is written literally about the openings and closings of our bodies that enable us to use the bathroom, but it speaks to a much broader picture of the body. There are so many people who cannot stand before God at all, whose organs need medical intervention to work as intended, and who survive in all types of conditions. There is a sense of a ‘before’ God acts and an ‘after’ God acts, suggesting that God’s intervention transforms the body quickly from one state to another. The concern of the prayer is that a part of the body is ‘broken’ or ‘imperfect,’ or not functioning properly, so fixing those problems would require a direct cure. However, if God does indeed create bodies with wisdom, then why would God need to cure all flesh? What are the wonders that God performs if God has to ‘fix’ that which God creates?

⁶⁴ Literally, *n'kavim n'kavim chalulim chalulim* means 'apertures, apertures, hollow organs, hollow organs,' but this does not sound as poetic in English, so it is often translated as it is above

⁶⁵ In the last line of the prayer, I chose to translate *rofei* as ‘Adonai who cures’ because of its direct ties to flesh and the openings and closings of the body.

⁶⁶ *Mishkan T'filah: A Reform Siddur: Weekdays, Shabbat and Festivals*. Ed. Elyse D. Frishman. New York, NY, Central Conference of American Rabbis, CCAR Press, 2007.

The Shulkhan Arukh, a 16th century code of Jewish law, attempts to answer these questions through a metaphor. The text explains that descriptions of God as the one ‘who acts wondrously’ is to be understood as an illustration--“because man [sic] is comparable to a flask full of air. If one makes a hole the size of the point of a needle in the flask, the air will escape, whereas man [sic] is full of openings and yet his air is preserved inside him [sic]. This is a wonder!”⁶⁷ When described in this way, human beings and animals do sound like miraculous creatures. This may be what *Asher Yatzar* means regarding God creating humans ‘with wisdom.’ The Shulchan Aruch still does not answer the question of why God would need to cure that which God created with wisdom. Perhaps God acts wondrously in ways that we can never understand. What we can understand from this exploration, however, is that images of God as ‘healer of the body’ are not so straightforward. God does not always cure, and when God does, it is sometimes for the sake of demonstrating God’s power. Ultimately, God does not have full control over the ways in which our bodies function, nor does God have the desire for our bodies to be ‘perfect,’ at least during our lives in this world.

Why, then, do we say *Asher Yatzar*, and other prayers that ask God for health or healing? Perhaps it is because “...the most ancient mode of alleviating suffering in Judaism has been through prayer and ritual. The deepest hope of anyone suffering from illness is for a miraculous cure. The Bible unambiguously declares that God has the ultimate power over life and death, health and illness.”⁶⁸ However, we have seen that God actually does not always act on this power. In Miriam’s case, God did not immediately cure her *tzara’at*, but instead made her go through the extended healing process of isolation and reflection. When considering the texts about the messianic era, it is clear that God has the power to transform bodies, but God clearly

⁶⁷ Shulchan Aruch, Orech Hayyim 16:1, trans. *Sefaria Community Translation*

⁶⁸ Freeman xxii

waits until this era to do so. Just because we seek a miraculous cure and God has the ability to offer it does not mean that God will or desires to act on that power. God may have created us with wisdom, but that does not mean that God created us to all be the same healthy, able-bodied people. The instances of God as ‘healer of body’ are really speaking to God as ‘curer of body,’ but God does not necessarily act in accordance with the image that we have created of God.

God as Healer of Soul

Just as there are complications when thinking about God as healer or curer of the body, so too are there questions that arise when considering God as healer and curer of the soul. This topic is particularly at the center of mystical thought. The rabbinic sages developed the idea that there are multiple levels of the soul, each with different attributes. In Jewish mystical thought, there are five identified attributes and names of the soul:

חַמְשָׁה שְׁמוֹת נִקְרְאוּ לָהּ: נֶפֶשׁ, רוּחַ, נִשְׁמָה, יְחִידָה, חַיָּה. נֶפֶשׁ, זֶה הַדָּם, שֶׁנֶּאֱמַר (דְּבָרִים יב, כג): כִּי הַדָּם הוּא הַנֶּפֶשׁ. רוּחַ, שֶׁהִיא עוֹלָה וְיֹרֶדֶת, שֶׁנֶּאֱמַר (קֹהֶלֶת ג, כא): מִי יֹדֵעַ רוּחַ בְּנֵי אָדָם הָעוֹלָה הִיא לְמַעַלָּה. נִשְׁמָה, זוֹ הָאוֹפִיָּא, דְּבָרֵיהָ אֶמְרִין הָאוֹפִיָּא טָבָא. חַיָּה, שֶׁפֶל הָאֲבָרִים מֵתִים וְהִיא חַיָּה בְּגוּף. יְחִידָה, שֶׁפֶל הָאֲבָרִים מְשֻׁנִּים שְׁנַיִם, וְהִיא יְחִידָה בְּגוּף.

By five names is the soul called: *nefesh*, *ru'ach*, *n'shamah*, *chayah* (living one), *yechidah* (unique one). *Nefesh* – this is the blood, as it is said “for the blood is the life” (Deut 12:23). *Ru'ach* – for she rises and falls, as it is said “Who knows if the *ru'ach* of human beings rises upward?” (Ec 3:21). *Neshamah* – this is the character, as it is said ‘good character.’ *Chayah* – that all the limbs die and she lives in the body. *Y'chidah* – that all the limbs are two by two but she is singular in the body.⁶⁹

When discussing God as healer or curer of the soul, liturgy typically uses *nefesh* or *neshamah*. It is important to note that these other aspects of and names for the soul also appear in the liturgy

⁶⁹ Bereishit Rabbah 14:9, trans. *Sefaria Community Translation*

sometimes. A Bereishit Rabbah text offers a distinction between *nefesh* and *neshamah*. It cites Deuteronomy to connect *nefesh* and blood by focusing on God instructing the Israelites not to partake of the blood of an animal, “...for the blood is the life, and you must not consume the life with the flesh.”⁷⁰ *Nefesh*, then, according to this text, is that which gives life to the bones, muscles, and sinews that we call our bodies. The text then offers the definition of *neshamah* with an Aramaic phrase that renders it to connote someone’s disposition, or character. It is what makes one person different from the next person. In other words, “...the body is often dismissed as carrying the properties of personal identity, whereas the soul is *equated* with a particular individual’s identity and definitive state of self.”⁷¹

While there is distinction here and in other texts, words for the soul in the liturgy often speak more generally about the soul as a whole entity. This is evident in *Elohai Neshamah*, a prayer devised by the rabbis to say upon rising.⁷² This prayer made its way into the morning liturgy, directly following *Asher Yatzar*. While the Reform prayer book uses an abridged version⁷³, this is the full, traditional text:

אֱלֹהֵי נִשְׁמָה שְׁנַתָּת בִּי טְהוֹרָה הִיא אֶתָּה בְּרָאתָהּ אֶתָּה יִצְרָתָהּ אֶתָּה נִפְחַתָּהּ בִּי וְאַתָּה מְשַׁמְרָהּ בְּקִרְבִּי
וְאַתָּה עֲתִיד לְטָלָהּ מִמֶּנִּי וּלְהַחְזִירָהּ בִּי לְעֵתִיד לָבֵא, כָּל זְמַן שֶׁהַנִּשְׁמָה בְּקִרְבִּי מוֹדָה אֲנִי לִפְנֶיךָ יְהוָה
אֱלֹהֵי יְאֻלֵּהִי אֲבוֹתֵי רַבּוֹן כָּל הַמַּעֲשִׂים אֲדוֹן כָּל הַנִּשְׁמוֹת: בְּרוּךְ אַתָּה יְהוָה הַמַּחְזִיר נִשְׁמוֹת לַפְּגָרִים
מֵתִים:

My God, the soul which You bestowed in me is pure; You created it, You formed it, You breathed it into me and You preserve it within me. You will eventually take it from me, and restore it in me in the time to come. So long as the soul is within me I give thanks to You, Adonai my God, God of my fathers, Master of all creations, Master of all souls. Blessed are You, Adonai, Who restores souls to dead bodies.

⁷⁰ Deuteronomy 12:23, trans. JPS

⁷¹ Fishbane, Eitan P. “A Chariot for the Shekhinah: Identity and the Ideal Life in Sixteenth-Century Kabbalah.” *Journal of Religious Ethics*, vol. 37.3, 2009, pp. 385-418. P. 392

⁷² Berachot 60b

⁷³ Mishkan Tefilah removes the line *וְאַתָּה עֲתִיד לְטָלָהּ מִמֶּנִּי וּלְהַחְזִירָהּ בִּי לְעֵתִיד לָבֵא*, “You will eventually take it from me, and restore it in me in the time to come”

This prayer begins with the understanding that our souls, our *neshamot*, are pure because God created them and instilled them in us. The text supports the understanding from Bereishit Rabbah that it is our souls that actually bring life to our physical bodies. The soul, however, is invisible, intangible, and belongs to God. While our bodies are formed by God with wisdom, they are made of earthly matter that returns to this world upon death. Our souls, though, begin and end with God. The soul itself is always alive, whether it is stored in a body or in God's realm.⁷⁴ Pure from creation and protected by a body or God, the soul is not subject to the need for cure and healing in the same way as the body. Instead, mystics introduce a new aspect of the soul: souls are in need of repair, or *tikkun*. This notion relates directly to the biblical suggestion that sin is the root of illness and that repentance can lead to healing and cure.

Isaac Luria developed the mystical notion of God creating the world through contracting and shattering. In what is now known as Lurianic Kabbalah, God, as the *Ein Sof*, or Infinite Being, once filled up the expanse of the universe. In order to create the world, the *Ein Sof* went through a process of *tzimtzum*, or contraction, to make room for new creation. God then created vessels, *kelim*, to hold Divine light, but the vessels were not strong enough and shattered, sending sparks of Divine light into exile in the universe. The role of humanity is to engage in the process of *tikkun*, of gathering those sparks back together through acting in accordance with the Torah to return them to God. Put differently, "Tsimtsum determined the state of brokenness of the world. For the theosophist school of Luria [...] God abandoned a region in God to make room for the world, but this also led to suffering and chaos. Vessels were broken and scattered or

⁷⁴ Pirkei D'Rabbi Eliezer 34:12

exiled throughout the world.”⁷⁵ God undergoes a constant process of seeking wholeness, which can only be accomplished through the help of God’s own creations.

The disciples of Isaac Luria’s school of mysticism developed the idea of *tikkun*, or repair, of the soul as it is reincarnated time after time.⁷⁶ The focus is on the cultivation of the soul “...as it progresses through numerous transmigrations and reincarnations in quest of its ultimate perfection-- as well as on the contribution that such a *tiquin* [sic] makes to the broader aims of cosmic redemption.”⁷⁷ With perfection as the ultimate goal, “...the individual self works on the gradual improvement of that identity over the course of numerous physical lifetimes.”⁷⁸ This notion of *tikkun* rests not on the idea of brokenness or imperfection, like cure does. In contrast, the soul must always strive to improve, reaching for a state of perfection by an individual changing their behavior. While there is an ultimate state of perfection, similar to traditional Jewish understandings of healing and cure, everyone constantly participates in the process of *tikkun*, drawing all people together in a common pursuit rather than dividing people based on difference. The perfection of the human soul serves a larger purpose. By improving the soul, which always belongs to God, humans also contribute to the process of perfecting God, a fundamental premise of mystical thought. This teaching admits that God is not perfect.

While the canon of Jewish literature is vast and multivocal, there are some clear through-lines when it comes to understanding God’s role in illness, healing, and cure. The Bible in particular rests on the assumptions that God is omniscient and omnipotent, which plays out in cases of illness and recovery. However, there is no assumption that God is perfect; God’s perfection is never actually assumed in the majority of Jewish text or theology. As Abraham

⁷⁵ Padilla, Elaine. “Border-Crossing and Exile: A Latina’s Theological Encounter with Shekhinah.” *CrossCurrents*, vol. 60, no. 4, Dec. 2010, pp. 526–548. EBSCOhost, p. 533

⁷⁶ This is part of a school of mystical thought called *gilgulim*, which believes in reincarnation of the soul.

⁷⁷ Fishbane 389

⁷⁸ *Ibid* 389

Joshua Heschel writes, “We were never told: ‘Hear, O Israel, God is perfect!’ It is an attribution which is strikingly absent in both the Biblical and rabbinic literature.”⁷⁹ The idea of *tikkun* of the soul aligns us more closely with God, pushing us to improve our behavior not only for our own good, but for God’s sake. Just like Miriam in the wilderness undergoing an internal process of change, so too must we continuously work to draw near to God. It maintains notions of perfection, but not in a way that excludes those who are considered ‘imperfect.’ While Jewish texts emphasize cure when discussing God’s relation to human bodies, the emphasis on *tikkun* when considering God’s relation to the soul offers a new understanding of what ‘repair’ and ‘improvement’ of our beings can look like.

God in Relation to the United Body and Soul

While God’s relationship to body and to soul can operate separately, it is clear that one cannot truly exist without the other, so we must consider how God interacts with the relationship of body and soul together. God’s relation to the body is rooted in cure and God’s relation to the soul is rooted in *tikkun*. By seeing the body and soul as a unit, the focus becomes healing-- the honest integration of body and soul, of restoration, and of hope. The necessity for this whole-person approach to healing is apparent in the following text from the Sha’arei Kedushah, a 16th century mystical text written by Hayyim Vital:

“For just as the artisan will make a garment for a person’s body according to the structure of the body’s limbs, so too did God, may God be blessed, make the body—which is a garment for the soul—according to the structure of the soul’s image (be-tavnit diyoqan ha-nefesh), with 248 limbs, and 365 sinews connecting the limbs. Through these [sinews] the blood and life-force is drawn from limb to limb in a manner similar to pipes (*tzinorot*). After the formation of the body, [the Holy One] breathed a living soul into it,

⁷⁹ Heschel, Abraham Joshua, and Fritz A. Rothschild. *Between God and Man: An Interpretation of Judaism*. Free Press Paperbacks, 1997. P. 98

composed of 248 spiritual limbs (*'eivarim ru hanim*) and 365 [spiritual] sinews, and these [spiritual limbs and sinews] were enclothed within the 248 limbs and 365 sinews of the body. Thus the limbs of the soul (*'eivarei ha-nefesh*) act through the vessels—which are the limbs of the body—like a chisel in the hand of a stonecutter.”⁸⁰

In this conception of the body-soul relationship, each aspect of the physical body corresponds to a part of the soul. God forms each one to perfectly parallel the other so that they may be partners in the life of the person that they make up. Without one, the other could not function or gain any reward. The soul needs the physical body to perform mitzvot, and the physical body needs the soul to guide the body towards doing good over evil. God created each element separately, but with the intention that they work as one entity. When one does not work as intended, then the other also suffers. As such, “If the healer seeks to treat a physical ailment without attention to the interconnected nature of the human body, if a symptom is addressed in isolation without any awareness of how one part of the body relates organically to a whole integrated self, then true healing will not be achieved.”⁸¹ The soul may be immortal, eternally belonging to God, but in order to fulfill its purpose, it needs a body, though mortal, in which to be cloaked.

The interdependence of body and soul is also taught through a parable, found in Vayikra Rabbah, of a king, his guards, and his orchard:

"Speak to the children of Israel, saying, 'A person who has transgressed...'" Rabbi Ishmael taught a parable [or "made a comparison"] to a king who had an orchard and in it had lovely first fruits. The king placed upon it guards, one lame [sic] and one blind. He said to them: 'Take care of these lovely first fruits.' After some days, the lame [sic] one said to the blind one, 'I see lovely first fruits in the orchard.' The blind one said to him, 'Bring them, and we will eat!' The lame one said to the blind one, '[I would] were I able to walk!' The blind one said, '[I

⁸⁰ Sha'arei Kedushah Part 1, Gate 1, 18. Trans. *Fishbane* Fishbane, Eitan P. “Wisdom, Balance, Healing: Reflections on Mind and Body in an Early Hasidic Text.” “Mystical Sources of the Healing Movement.” *Healing and the Jewish Imagination: Spiritual and Practical Perspectives on Judaism and Health.*, Jewish Lights Publishing, 2007. P. 396

⁸¹ Fishbane 69

would] were I able to see!' The lame one rode upon the back of the blind one, and they ate the first fruits, and they went and returned each man in his own place. After some days, the king entered that orchard. He said to them, 'Where are the beautiful first fruits?' The blind one said to him, 'My lord king, [I would] were I able to see!' The lame one said to him, '[I would] were I able to walk!' That king understood what they had done. He placed the lame one on the back of the blind one and they began to walk. Thus, in the future, the Holy Blessing One will say to the soul, "Why did you transgress before Me?" It will say to him, "Master of the Universe! I did not sin. The body is the one who sinned! From the moment I left it I have been like a pure bird bursting into the air. How have I transgressed before You?" God will say to the body, "Why have you transgressed before Me?" The body will say to him, Master of the Universe! I did not sin. The soul is the one who sinned! From the moment that she left me, I have been tossed like a rock is thrown onto the ground. How would I have transgressed before you?!" What does the Holy Blessing One do to them? God brings the soul and throws it into the body and judges them together, as it is said, "He will call to the heavens above..." (Psalms 50: 4). God will call to the heavens above to bring the soul and to the earth to bring the body, and judge them together.⁸²

Through this parable, it is clear that the body and soul work in partnership. Without the soul, the body would have no purpose to move and without the body, the soul would have no form with which to perform deeds. This parable also brings us back to the idea of sin and the body. While previously discussed sources determined that punishment for sin occurred in the part of the body that was used to commit the sin, this text takes a more holistic approach, judging body and soul as one entity that should be held responsible. The body cannot be isolated from the soul for judgment or the other way around. It is important to note "...that the conscious literary choice is made to use blind and lame persons as symbols: a body without a soul can't see; a soul without a body can't act. The body and soul work in concert. Paradoxically, if they did not, there would be no sin, but there would also be no life."⁸³ Here, disabled bodies are used as a metaphor for

⁸² Vayikra Rabbah 4:5, trans. Abrams 113

⁸³ Abrams 113-4

dysfunction and sin, while also depicting interdependence as a model for disabled people. Just as the two people in the story were able to accomplish something together, so too do the soul and body work as partners to accomplish God's will.

With this understanding of the relationship between the body and soul, we can begin to explore what it means to pray to God for healing through the Mi Shebeirach prayer. Mi Shebeirach⁸⁴ is adapted for many occasions-- as a blessing for a congregation during a Torah service, for the birth of a child, or for an individual sick person, just to name a few. Synagogues often have a 'Mi Shebeirach list,' a list of those who are ill, which is read aloud. Many communities invite those present to share names aloud in the moment of those who are ill. Some communities chant the traditional version of the prayer, while others sing one of several melodic renditions, the most famous of which is written by Debbie Friedman.⁸⁵ There are also different 'healing texts' that some communities use for a 'Mi Shebeirach moment' in the service, based on the idea of the traditional prayer. Because Mi Shebeirach does not have halakhic, legal, requirements, there is no one 'right' version of the prayer. The Hebrew text used here is from Mishkan Tefilah, the Reform prayer book, which uses the traditional model but is egalitarian and communal, i.e. for healing of many people.

מי שברך אבותינו ואמותינו, אברהם, יצחק ויעקב, שרה, רבקה, רחל ולאה, הוא יברך את החולים
[...]. הקדוש ברוך הוא ימלא רחמים עליהם, להחלימם ולרפאתם ולהחזיקם, וישלח להם מהרה
רפואה, רפואה שלמה מן השמים, רפואת הנפש ורפואת הגוף, השתא בעגלא ובזמן קריב. ונאמר:
אמן.

⁸⁴ Regarding the history of the prayer, Rabbi William Cutter writes, "Research indicates that the prayer originated as a purely theological response in a vein similar to the prayer for rain in a drought: "The One who caused rain will surely be able to bring rain upon...." (Mishnah Ta'anit) As time went on, and in communities too various to specify here, the Misheberach evolved from a prayer that blessed a whole community in imitation of Solomon's prayer for the people, to an occasional prayer that mentioned specific issues in the lives of particular communities." Cutter, William. A Prayer for Healing: The Mi Sheberach. *Sh'ma journal*.

⁸⁵ Silverman, Gila. "'I'll Say a Mi Sheberach for You': Prayer, Healing and Identity Among Liberal American Jews." *Contemporary Jewry* 36.2 (2016): 169–185. Web. P. 173

May the One who blessed our ancestors Abraham, Isaac, and Jacob, Sarah, Rebecca, Rachel, and Leah, bless and heal those who are ill [*names*]. May the Blessed Holy One be filled with compassion for them, for their recovery, healing, and strength. May God swiftly send them a complete healing, healing of the soul and healing of the body, soon and without delay. And let us say: Amen.⁸⁶

There are a few things to consider when examining this text. First is ‘what does the text actually say?’ One of the most important phrases in the text is ‘*refuah shleimah*,’ a ‘complete healing’ of body and soul. By asking for a *refuah shleimah*, this prayer asks God to consider the body and the soul together, for as we have seen, one cannot operate without the other. We ask God to heal us, body and soul together, as one complete being. What this prayer does not do, which is significant, is insinuate asking for a cure-- there is no premise that anyone is broken or imperfect, incomplete or wrong. There is no standard about ‘how sick’ someone must be to have this said on their behalf or the nature of the illness. There is no expectation that God will ‘fix’ anything or anyone, but rather, God will facilitate the fullness of healing. This healing does not necessarily mean that the illness will no longer exist, but that the person experiencing illness receives compassion from God.

However, the second question to consider here is ‘how is the text usually understood?’ Some view *refuat hanefesh* and *refuat haguf* as referring to different things. Rabbi Nancy Flam sees a divide between “...refuat hanefesh, healing of the soul/spirit/whole person, and refuat haguf, cure of the body. To cure the body means to wipe out the tumor, clear up the infection, or regain mobility. To heal the spirit involves creating a pathway to sensing wholeness, depth, mystery, purpose, and peace.”⁸⁷ To pray for the cure of the body invites an interventionist

⁸⁶ Because Mishkan T’filah uses a more poetic translation, I have used my own translation here that is closer to the Hebrew text.

⁸⁷ Flam, Nancy. ‘The Jewish Way of Healing.’ Reform Judaism Magazine. Summer 1994. Gates of Healing. 1988 Central Conference of American Rabbis, NY

understanding of God's role in human life. This is precisely the theology that is challenging for those with chronic illness. It raises all of the questions around health, sin and punishment, and God's role in the shaping of our bodies. Rabbi Julie Pelc Adler picks up on the problematic nature of this reading of the prayer: "To pray for "complete healing" for those whose ailments cannot or will not ever be completely "healed" seems audacious and even offensive."⁸⁸

However, in this statement, Adler also acknowledges the interventionist undertones of the prayer because she recognizes that 'cure' will not happen for everyone. She argues against interpreting 'healing' in a holistic way and instead suggests a new Mi Shebeirach for those with chronic illness, which does not use the word *refuah* at all. While this affords those with chronic illness a way to be recognized specifically, it separates, rather than integrates those with chronic illness into the broader community of those seeking healing. Rather than affording those with chronic illness a way to read themselves into the more traditional blessing, when it is likely that a community will only take time to say one Mi Shebeirach in a given service, it separates and isolates, saying that there is not room for the chronically ill in a 'standard' prayer service. It is only through theological inquiry and interpretation that Mi Shebeirach can be made to encompass those who are chronically ill along with all others who seek healing.

Gila Silverman conducted a study in Arizona on how Reform and Conservative Jews understand what healing prayers do for those who are sick and those who say these prayers. Above all, the study found that the Mi Shebeirach makes people feel connected and comforted: "People are connecting to many different things: to each other as individuals; to community; to traditions and ancestors; to God, which may mean many different things to the respondents; to dormant parts of themselves; or, to some part of the experience of illness of which they were not

⁸⁸ Adler, Julie Pelc. "Jewish Prayer for Persisting: Moving Beyond Misheberakh." *Spirituality and Health*. Kalsman Institute on Judaism and Health.

previously aware.”⁸⁹ Overall, the people she interviewed felt more attached to the ritual of the Mi Shebeirach than the words themselves. It was knowing that they were on a Mi Shebeirach list, hearing their name called off the list, or listening to the melody of Debbie Friedman’s version that brought some sense of healing. The actual text of the prayer is rarely referred to in the testimonials given in the study. It was the *feeling* of the prayer that meant something, not the words of the prayer.

How we experience prayer is clearly significant. Arthur Green, scholar of Jewish mysticism, explains that he does not know if or how prayer directly changes peoples’ life circumstances. Despite that, he writes, “I know that prayer heals the one who prays, restoring a wholeness or a balance that can be lost when we are beset by concern or worry. And since the One who lies within us, to whom we give the words of prayer, lies as well in the heart of the one for whom we pray, we would indeed be setting false and unnecessary limits to say that the energy of our love, expressed in that prayer, *cannot* reach the other.”⁹⁰ For Green, the impact of prayer on the one who prays is the primary reason for prayer. Beyond that, he speculates that our yearnings have the potential to impact another person through the Divine that connects us all. To pray for someone’s healing, then, brings the pray-er closer to God, which in turn may bring God closer to the one who is sick.

⁸⁹ Silverman 177

⁹⁰ Green 56

Chapter 3: The Pastoral God

Much of the Bible depicts God as all-powerful and omniscient. Yet Jewish tradition does not assume that God is perfect. Some streams of Jewish thought do not assume God's wholeness, either. Luria's theology, with its conception of the shattering of the Divine vessels, depends on people engaging in the process of *tikkun* to help God become more whole. This presents a new understanding of God that relies on interdependence. God cannot act alone, but needs people to continuously seek to make God whole. As Abraham Joshua Heschel writes, "Most theories of religion start out with defining the religious situation as man's search for God and maintain the axiom that God is silent, hidden and unconcerned with man's search for Him [sic]." However, Heschel continues, Jewish tradition is not only about people seeking out God, "but also of *God's search for man*."⁹¹ In Lurianic kabbalah, there is mutual dependence between God and humanity. While the end goal is to restore the sparks of light to God, it is the process of handling and engaging with brokenness that actually brings about the healing. While identifying people as 'broken' raises a number of concerns, this theology serves as a reminder that we are in a sacred partnership with the Divine to bring healing to each other in a theurgic way; our actions impact not only other humans, but also the Divine and vice versa.

This interpretation provides a new way to understand the idea that we are created *B'tzelem Elohim*, in the image of God, as the Creation narrative tells us.⁹² The 8th-9th century midrashic work *Pirkei d'Rabbi Eliezer* applies this idea directly to the soul:

הנפש דומה ליוצרה. מה הקב"ה רואה ואינו נראה, כך הנפש רואה ואינה נראית. מה הקב"ה לפניו אין שינה, כך הנפש אינה ישנה. מה הקב"ה סובל את עולמו, כך הנפש סובלת לכל הגוף. וכל הנפשות שלו הן, שנאמר (יחזקאל יח, ד) הן כל הנפשות לי הנה.

The soul is like its Creator. Just as the Holy One, blessed be God, sees and is not visible, so the soul sees and is not visible. Just as the Holy One, blessed be God,

⁹¹ Heschel 68

⁹² Genesis 1:27

has no sleep in God's presence, so the soul does not sleep. Just as the Holy One, blessed be God, bears God's world, so the soul bears all the body. All souls are God's, as it is said, "Behold, all souls are mine" (Ezek. 18:4).⁹³

This text echoes the mystical texts discussed in chapter two which raise the idea that our souls belong to God. This also establishes that our souls are a reflection of God's self. Therefore, according to Lurianic Kabbalah, just as God is in the process of *tikkun*, so must each of us go through a process of *tikkun* for ourselves. As a result, every human being has room within themselves for healing because each of us has Divine sparks within us that must be uncovered. The understanding that God, too, goes through a healing process, and that we are made in God's image, may provide an opening to explore healing in a new way. Healing that is a process, without an end goal of cure, opens up new ways of conceptualizing a theology of healing that can speak to people with chronic illnesses in a meaningful way.

As Debbie Friedman writes in the foreword to Rabbi Kerry M. Olitzky's book, 'Jewish Paths toward Healing and Wholeness,' there is not a 'right' path for healing, but "...spiritual healing comes through the process of reaching the Divine."⁹⁴ While Olitzky later lays out four elements to this healing (study, ritual, prayer, and presence of visitors)⁹⁵, this can only happen once someone is open to the idea of healing in the first place. Heschel suggests a way in which this can happen: "We must first peer into the darkness, feel strangled and entombed in the hopelessness of living without God, before we are ready to feel the presence of His [sic] living light."⁹⁶ While this may seem bleak, we cannot know what we are looking for until we know or have a sense of what is

⁹³ Pirkei D'Rabbi Eliezer 34:12, trans. *Sefaria*

⁹⁴ Olitzky, Kerry M. *Jewish Paths Toward Healing and Wholeness: A Personal Guide to Dealing with Suffering*. Jewish Lights Pub., 2000. xxxii

⁹⁵ Ibid 34-35

⁹⁶ Heschel 70

missing. The darkness experienced when God is absent is parallel to the sense of despair experienced when healing and wholeness seem beyond reach or absent. Only by grappling with that darkness and despair can we move forward in our search. From that place of darkness, we can take the next step: “There is a divine light in every soul, it is dormant and eclipsed by the follies of this world. We must first awaken this light, then the upper light will come upon us.”⁹⁷ It is upon us, Heschel argues, to initiate the search for the sacred, and then God will in turn search for us. In other words, we must be ready and open to receive God’s light and healing presence in order to incorporate it into our healing. We may not always know when exactly that will be but it becomes evident through our growth of understanding.

This idea offers an alternative to the problematic ways that God is depicted as *Rofei*, ‘curer.’ Healing cannot happen by force of another being. Healing must happen in partnership. God may act as a curative source, but God cannot enact healing on God’s own. It requires awareness, openness, and desire on behalf of the one who seeks healing. Only then can God enter the process. In addition to partnership with God, our partnership with other humans can also promote and contribute to healing. This idea is presented in a Talmudic narrative in which Rabbi Hanina visits Rabbi Yohanan, who is sick. Rabbi Hanina extends his hand to Rabbi Yohanan to help him up. The text asks why Rabbi Yohanan could not stand up himself, to which the response is *אין תבויש מתיר* *עצמו מבית האסורים*. “A prisoner cannot free himself from prison.”⁹⁸ No one is able to tackle such significant challenges alone-- we all require the help of another at our side. Rabbi Hanina and Rabbi Yohanan can serve as the human-to-human model of a

⁹⁷ Ibid 72

⁹⁸ Berachot 5b

reimagined notion of the human-Divine healing relationship. This idea of partnership is also evident in relationships with doctors: "...even when doctors effect cure fairly easily, God has a hand in the healing process. Doctors are God's agents, partners with God in healing. They are successful only because God created the world such that healing can occur in the first place."⁹⁹ Through Creation, God created the conditions in which healing is possible. Because our souls are imbued with the Divine spirit, each person is God's partner in the process of healing.

Another way to think about the darkness that Heschel addresses is through the idea of exile. While exile is traditionally thought of in a physical way, i.e. the Jews' exile from Jerusalem after the destruction of the Temple, exile can also be considered a theological framework. At their core, "Exiles are such unique experiences of alienation or radical distance even from one's own communities that in many ways, they cannot be shared."¹⁰⁰ In this way, chronic illness can be viewed as a type of exile, as it often leads to isolation and estrangement.¹⁰¹ The loneliness of chronic illness is echoed in discussions of exile. As a way to cope with physical exile, our ancestors devised the notion that Shechinah, the feminine indwelling Divine presence, accompanies those in exile, because She is exiled with the people:

תניא ר"ש בן יוחי אומר בוא וראה כמה חביבין ישראל לפני הקב"ה שבכל מקום שגלו שכינה עמהן
גלו למצרים שכינה עמהן שנאמר (שמואל א ב, כז) הגולה נגליתי לבית אביך בהיותם במצרים וגו'
גלו לבבל שכינה עמהן שנאמר (ישעיהו מג, יד) למענכם שלחתי בבלה ואף כשהן עתידין ליגאל
שכינה עמהן

⁹⁹ Dorff, Elliot N. "Theological Reflections on R'fu'ah." *The Amidah*, edited by Lawrence A Hoffman, vol. 2, Jewish Lights Publishing, 2014, pp. 116–118. My People's Prayer Book. p. 116

¹⁰⁰ Padilla 542

¹⁰¹ Loneliness is most often studied among older adults who experience chronic illness, but there is clinical research to support the statement that older adults with chronic illness experience a higher degree of loneliness than those without chronic illness. See Petite, Trisha et al. "A Systematic Review of Loneliness and Common Chronic Physical Conditions in Adults." *The open psychology journal* vol. 8, Suppl 2 (2015): 113-132.

It is taught in a *baraita*: Rabbi Shimon ben Yoḥai says: Come and see how beloved the Jewish people are before the Holy One. As every place they were exiled, the Shechinah went with them. They were exiled to Egypt, and the Shechinah went with them, as it is stated: “Did I reveal myself to the house of your father when they were in Egypt?” (I Samuel 2:27). They were exiled to Babylonia, and the Shechinah went with them, as it is stated: “For your sake I have sent to Babylonia” (Isaiah 43:14). So too, when, in the future, they will be redeemed, the Shechinah will be with them.¹⁰²

God, then, does not abandon God’s creations when they are in exile. Rather, Shechinah dwells among those in exile, becoming “...a figure associated with locations difficult to demarcate.”¹⁰³ Even more than simply being present, She “...suffers along with her children Israel in exile.”¹⁰⁴ When applied to the idea of illness as a type of exile, Shechinah can serve as a model for connection to the Divine amidst the loneliness of illness because “...the Shekhinah [sic] is a manifestation of God defined by her presentness.”¹⁰⁵

However, notions of Shechinah also raise questions around gender and God. Shechinah, as the lowest of the 10 *sefirot*, does not have any generative powers of Her own, but rather births that which She receives into the lower realm. As such, She is considered the ‘supernal mother.’ While there is undoubtedly value in this feminine image of God, use of the image of Shechinah, especially in the realm of illness and caretaking, risks pigeonholing and stereotyping who it is that should fill this role. Melissa Raphael, in her feminist reading of God’s absence in Auschwitz, contends that Shechinah was always present, especially to women, but that the degradation of women

¹⁰² Megillah 29a:4, trans. *William Davidson Talmud*

¹⁰³ Padilla 531

¹⁰⁴ Koren, Sharon. “The Shechinah: A Supernal Mother.” *My Jewish Learning*, 21 Dec. 2017, www.myjewishlearning.com/article/the-shechinah-a-supernal-mother/.

¹⁰⁵ Raphael, Melissa. “The Female Face of God in Auschwitz.” *European and American Responses Following the War*. p. 652-653

wore down women's ability to perceive Shechinah. However, when women performed acts of care for each other, they restored Shechinah's perceptibility.¹⁰⁶ While this gives enormous power to women in a patriarchal society, it also limits women to only being able to connect with the feminine aspect of God. Shechinah may be the Divine presence in exile, but She is not a fully redemptive source of healing presence because She is limited to the realms of caring and 'mothering,' reinforcing the gender binary in theological understandings of care. So, Shechinah can be a piece of reimagining God for the chronically ill, but using Shechinah as the sole element or model does not speak to the totality of how people experience God or the ways that God experiences people.

By now, it should be clear that traditional images of God cannot always speak to those with chronic illness. But it is vitally important for those who are chronically ill to be able to find themselves within the theological realms of Judaism. Nancy Eiesland, in her groundbreaking book *The Disabled God*, reclaims Jesus' crucified body as a disabled body, thereby enabling disabled people to see themselves firmly represented within Christian tradition in a meaningful and empowering light. With this image, she writes, "...our bodies participate in the imago Dei, not in spite of our impairments and contingencies, but through them."¹⁰⁷ Through the process of refuting harmful theological and societal claims, Eiesland makes the statement that disability "...becomes a new model of wholeness and a symbol of solidarity."¹⁰⁸ In so doing, she rejects cure as a Divine goal, and instead focuses on the holiness of each body as it is.

Eiesland accomplishes for disabled people in Christian thought what this thesis attempts to do for chronically ill people within Jewish thought. When our images and

¹⁰⁶ Ibid 661

¹⁰⁷ Eiesland 101

¹⁰⁸ Ibid 101

existing theologies fail us, we must create new ones in which we find ourselves represented as we wish to be represented. This has always been part of the trajectory of Jewish thought, since Jewish communities have been forced to reinvent themselves after destruction, exile, and violence. This is evident for the rabbis of the Midrashic era, roughly 200-1000CE:

One strength of the midrashic Rabbis is that they had to learn how to live in a world without God's direct presence. They had to face God's absence in their world, and as a result they developed ways of living together that created a way of being reconciled to God's absence, or perhaps a new way of understanding God's presence-- not a direct, personal, active presence in the world, but a presence somehow located in the space between one student of midrash and another, when they studied and worshipped and celebrated together. That understanding of God's presence, or rather an understanding of the *dialectic* of presence and absence, is an aspect of a midrashic way of being that is important for us to dwell in today.¹⁰⁹

This was a drastic shift in understanding how people could communicate with God after their main mode of communication, i.e. sacrifices, was taken away. We have the ability today to take this foundation of change and interpretation to fit our need for God proactively, taking charge of our own theologies. Only we can be responsible for our relationship with God.

Of the models of the Divine-human relationship that we have examined, the ones that seem to resonate most for those with chronic illness are the Lurianic notion of shattered vessels, Heschel's idea of the mutual search of God and human for the other, being created *B'tzelem Elohim*, and Shechinah as the Divine presence for those in exile. Each of these models has a core element-- searching, interdependence, holiness, and empathic presence-- that combined, comprise 'the Pastoral God.'

This image of God is rooted in the idea of pastoral care, which "...rests on the assumption

¹⁰⁹ Cushman 223

that being in caring connection can transform suffering because relationship shatters isolation and provides an opportunity for reflecting on one's experience."¹¹⁰ The main role of the pastoral caregiver is to bear witness and listen to the suffering of the one receiving care. It is rooted in a non-hierarchical relationship, although it is clear who plays which role in the situation. Pastoral care is offered through all major life transitions, but most often associated with illness and death of a loved one. The pastoral caregiver is one who "...moves people toward the holiness they are pursuing, comforts and guides, encourages, strengthens the weak, refreshes, restores, and protects."¹¹¹

Why, then, should the Pastoral God be the image of God for those with chronic illness?

There is already an understanding within Judaism that God visits the sick:

The sources teach that each of us is visited by God's presence when we are ill, which we may interpret as feeling a sense of hope, care, and protection. This is exactly what a loving visitor can inspire. The Codes teach that God's presence rests upon the head of the bed of anyone who is sick, and that we must not sit there for fear of blocking it (Maimonides, *Mishneh Torah: Laws of Mourning*, ch. 14). This suggests that the visitor must reflect and not obscure God's presence when attending to the person who is ill.¹¹²

Here, God is clearly present, but God is only detected through a human visitor. But how many of us or our loved ones have been isolated and alone while sick? For those with chronic illness, that number is likely to increase because of the frequency with which someone may be symptomatic. A familiar analogy from the Jewish lifecycle is the year of mourning: most people show up for the funeral, many for shiva, and then for the remainder of the year, only some

¹¹⁰ Friedman, Dayle. Introduction to "Jewish Pastoral Care: A Practical Handbook"

¹¹¹ Wiener, N. H., Schwartz, J., and Prince M. E., "Seminary-Based Jewish Pastoral Education," in *Judaism and Health: A Handbook of Practical, Professional, and Scholarly Resources*, ed. Jeff Levin and Michele F. Prince (Woodstock, VT.: Jewish Lights 2013). p. 111.

¹¹² Flam, Nancy. "The Jewish Way of Healing." Reform Judaism Magazine. Summer 1994. Gates of Healing © 1988 Central Conference of American Rabbis, NY

people will make an occasional call to check in. Because a characteristic of chronic illness is that someone is sick all the time, or for long periods of time, someone may be physically separated from their communities, which often leads to mental and emotional separation as well. Out of sight, out of mind. How then, can someone who is ill sense God's presence without the aid of another human? God must become the Pastoral Presence.

The Pastoral God distinctly removes judgment, ideas of sin and punishment, and language around cure and 'fixing.' As Heschel writes of his notion of the Divine *pathos*, God is "...moved and affected by what happens in the world and he [sic] reacts accordingly. Events and human actions arouse in Him [sic] joy or sorrow, pleasure or wrath [...] man's deeds can move Him [sic], affect Him [sic], grieve Him [sic], or, on the other hand, gladden and please Him [sic]."¹¹³ For Heschel, this *pathos* is the defining feature of a prophetic theology. But it can also serve as a core element of a pastoral theology. God can offer the ultimate pastoral experience: crying with those in pain. As theologian Deborah Creamer ponders, "I also think I want a God who feels pain—not just in a romanticized or symbolic way, but deep in God's being. A God who feels the pain—not just observes or imagines it. I suppose that God would feel pain in a way that is chronic, with no end in sight and with a scale that goes beyond measurable circumstances or easy articulation."¹¹⁴ Recognizing that this is an incredibly anthropomorphic depiction of God, a God who feels what we feel and cries alongside us in our pain can make us feel known in a way that another person cannot. God cannot take away our physical pain, but crying together can have a healing effect. This is depicted in the following story of Rabbi Eliezer and Rabbi Yohanan, who serve as an earthly model of the potential for human-Divine connection:

¹¹³ Heschel 116-7

¹¹⁴ Creamer, Deborah Beth-- Theology and Chronic Pain: Some Initial Reflections-- Journal of Religion, Disability, and Health. 17:2, 212-219.

Rabbi Eliezer was sick. Rabbi Yohanan went to visit him. He saw that he lived in a dark house. He revealed his arm and light fell. He saw that Rabbi Eliezer was crying. He said to him why are you crying? If it's because of Torah that you didn't study, we've learned - 'one who does more and one who does less, as long as his heart is oriented to heaven'. And if it's because of sustenance, well not every person merits two tables. If it's because of children - this is the bone of my tenth son. He said - because of this beauty that will be swallowed in the dirt I'm crying. He said to him - for this surely it's worth crying, and they cried together. Eventually he said to him - "Are your sufferings dear to you?" He replied: "Not them and not their reward." He said: "Give me your hand." He gave him his hand and he stood him up.¹¹⁵

While Rabbi Yohanan never actually gives Rabbi Eliezer a chance to articulate why he's crying, the act of crying together in a shared experience of recognizing emotional pain enables Rabbi Eliezer to take the next step. Rabbi Yohanan moves at Rabbi Eliezer's pace, only extending his hand when Rabbi Eliezer is ready to take it. Rabbi Yohanan matches Rabbi Eliezer's state, walking with him out of his darkness. In this narrative, like in so many, tears communicate what words cannot. Creamer writes, "I even wonder if the incomprehensibility and unfathomability of God is like the incomprehensibility and language-shattering nature of pain. If I cannot articulate my pain to you, no wonder God—who must feel even greater pain than I do—is One who cannot be fully articulated or known to me."¹¹⁶ In the mutual search for each other, we and God can communicate that which is most difficult through tears. In this way, God acts as Rabbi Yohanan did, engaging on Rabbi Eliezer's terms, entering Rabbi Eliezer's world. Based on this model, God can offer a healing presence by witnessing someone's pain through crying together, expressing that which words cannot. While this modeling of God on human behavior may seem unusual, ultimately Rabbi Yohanan acts upon the wisdom contained in the Divine spark within

¹¹⁵ Berachot 5b, trans. *William Davidson Talmud*

¹¹⁶ Creamer 218

him. By acting in this way, he uncovers that spark and returns it to God, participating in the process of God's *tikkun*.

As Heschel emphasizes, this is a mutual process of seeking and receiving care:

“There is no divine presence without human presence-- the *hinnen* or ‘here I am’ Presence is transitive; God cannot be present to nothing and nowhere.”¹¹⁷ After peering into the darkness and experiencing that absence of presence, someone who is sick can take the first step into the light by being open to God’s active presence. This model of God who heals through pastoral presence rests on the assumptions that God is immanent and that individuals can connect with God on their own-- these are foundational to this theology. What God’s presence feels like or how God’s presence is accessed may be different for different people: “There are many ways that presence may be felt: through connected human relationship, through prayer or meditation, through study and reflection. When we bring any of these resources which enhance our spirituality to the places of pain in our lives, then we call that healing.”¹¹⁸ How much more powerful, then, when God experiences that pain too. As Rabbi Lawrence Hoffman writes, “The remarkable feature of pain is its victim’s inability to express it. It is the sole internal state about which it can be said that the more frequent and extreme the suffering, the less likely anyone will believe the sufferer’s claim that it is there.”¹¹⁹ God, however, does not require proof of pain. The Pastoral God meets us where we are in our pain, knowing that our experience is true due to God’s parallel experience of pain.

When God serves as a pastoral presence, it does not negate the significant role of other people’s presence. However, reconceptualizing God in this way expands the possibilities of

¹¹⁷ Raphael 658

¹¹⁸ Flam, Nancy. Ed. Michael Marmor and David Ellenson. “Healing the Spirit.” *American Jewish Thought Since 1934: Writings on Identity, Engagement, and Belief*, Brandeis University Press, 2020.

¹¹⁹ Hoffman, Lawrence. “Illness and Inculturation,” The Kavanagh Lecture at Yale University. October 12, 2004.

connection with God, as those who felt cut off by other theologies are able to find themselves within this theology. As Eiesland demonstrates, when we feel that our theology is embraced and within the realm of ‘normative’ religion, we are able to find healing on a new level. When God is able to sit with us, not above us, and cry with us, not fix us, the burden of our pain can be shared and we can take another step in the healing process. Healing is just that-- a process. Because the body and soul are constantly changing, as is God, reaching a state of being ‘healed’ is not the goal. Instead, we aim to keep moving forward, understanding that there will be hurdles and healing (though not complete) along the way. God as Pastoral Presence is there by our side, sharing our experiences of pain and suffering, breaking through barriers of isolation and loneliness. This cannot cure our bodies or perfect our souls, but it can offer a different type of support from God through empathy and shared experience.

Ultimately, this is a starting point of theological exploration for all people, not just those with chronic illness. While God as Pastoral Presence may resonate more for those with chronic illness, it may become relevant to others at different stages of their life. Because there is no defined end point of pastoral care -- some people receive pastoral care in acute settings, while others receive it on an ongoing basis-- there is no end point of healing or of building a relationship with God. There is no set program for pastoral care and there is no sense of completing pastoral care, although someone may reach a point where they do not urgently need care in the same way. The pastoral relationship is alive, interactive, and flexible, changing with the needs of the giver and receiver of care. The relationship with God as Pastoral Presence can function in the same way, continuing to adapt over time. Through these cycles, someone’s perception of God’s presence may change as well, feeling God’s immanence strongly at times, while noting God’s absence at other times. As Berachot 33b says, שְׁעָרֵי דְמַעָּה לֹא נִגְעָלוּ, “The gates

of tears are not locked.”¹²⁰ We may not always perceive God’s presence, but God is always present and available to share in the shedding of tears. As Heschel writes, “The presence of God is a majestic expectation, to be sensed and retained and, when lost, to be regained and resumed.”¹²¹ Just as chronic illness endures, and its symptoms ebb and flow, so too does the Divine pastoral relationship, always available for those who seek it, knowing that God will be there, searching too.

¹²⁰ Berachot 33b

¹²¹ Heschel 80

Conclusion

In the introduction, I wrote about my experience in the hospital of a rabbi reciting Mi Shebeirach for me. I felt moved, seen, and whole in a new way. However, my experience of Mi Shebeirach in the communal context has been drastically different. Unlike the participants in Gila Silverman's study, I have felt isolated, unseen, and like an imposter during communal recitations of Mi Shebeirach, which I have only experienced in synagogues (most of her study participants were in small-group settings outside of obviously religious spaces). In the services that I have attended, the clergy person or service leader usually introduces the prayer with a phrase that sounds something like "We turn now to the Mi Shebeirach, our prayer for healing, in which we ask God to send healing of mind, body, and spirit to our loved ones. Tonight we are thinking of ...(they read the list). If you are thinking of someone in need of healing, I invite you to share their name aloud." While I appreciate the purpose of this public recitation of names and the prayer, and while I have often said the name of a loved one aloud during the appropriate time, I relate to this differently now that I experience chronic illness and could conceivably be on the 'receiving end' of this prayer.

Having immersed myself in disability studies, I am resistant to the idea of others 'praying for me' when I do not know if they are praying for the same thing that I am. Because the common understanding of *refuah*, especially *refuat haguf*, is cure and not healing, many people pray to God for a cure. And because a mainstream view of God is a God who intervenes, many people pray to God to deliver that cure to the body directly. This brings us back to the conversation from chapter two about the challenges of this theology as it relates to questions around God's role in causing illness. While it may bring comfort to others to pray for cure and Divine intervention, and while everyone should be able to pray in a way that is meaningful to

them, I am uncomfortable with being the beneficiary of prayer rooted in that theology. I do not wish to discount the power of the prayers for those who pray them, but I find it difficult to receive prayers that are counter to my own theology.

What then, do I make of communal Mi Shebeirach recitations, especially as a budding rabbi? I am not advocating for their elimination from our services. As Silverman's study points out, the public nature of the prayer is the very reason that some people find it so meaningful. Knowing that one's own name, or the name of a loved one, is read aloud brings some people a sense of healing just from that ritual itself. It also signals to others that someone is ill and that their family members and friends are affected by the illness as well. However, with each name read or shared aloud, we must recognize that there are others for whom the 'Mi Shebeirach moment' is painful rather than healing. Unless it is framed with the fuller theological context provided in this thesis, the meaning of the prayer gets lost. While theological ambiguity can sometimes allow for more people to connect, in this case, it creates more room for misinterpretation and misunderstanding, which may do more harm than good.

One Mi Shebeirach moment in a weekly service cannot be the only time in which healing is discussed in a community, since it is not representative of the ways in which everyone wants to or can receive healing. It has taken me almost seven years to come to this understanding. It has taken me this long to understand the differences between healing and cure and to be open to the idea that I can experience healing while still being sick and in pain every day. When we do not discuss our theologies and our understandings of the purpose of prayer, we risk alienating others like me, who may not yet have the language to articulate what healing means to them, and subsequently how they experience 'healing prayers.' Jewish communities often speak of

‘inclusion’ and ‘access’ in terms of physical space and teaching methodologies, but we also need to examine what it means to feel included theologically and liturgically.

This thesis has attempted to highlight the ways in which living, breathing bodies today face challenges when interacting with a static Jewish tradition. When we encounter texts that purport to be foundational for all Jews, those texts can ultimately feel isolating and exclusive when they do not represent the experience of all Jews. Those with chronic illness in particular are often already isolated and lonely. Rather than being a source of comfort, the theological implications of so much of Jewish text only further contributes to that isolation. We must each be responsible for our own theologies, but clergy and Jewish leaders must create space in their communities for theological exploration and ritual creativity. We must unpack the harmful rhetoric of sin and punishment, cure and Divine intervention, as well as ability/disability and societal value. In doing so, we can crack open the Jewish canon beyond what is considered ‘normative Judaism’ and find inspiration in uncommon streams of Jewish thought, as well as beyond the boundaries of Judaism entirely. Expanding our theological realms and finding new ways to connect with God is itself an element of healing. Metaphors and images of God are particularly powerful for this purpose. From feminine images and names of God to the Disabled God to the Pastoral God, theological representation matters. When we find ourselves reflected in the Divine, we can see ourselves as valued members of the Jewish people. The Pastoral God in particular fosters a new path for those with chronic illness to feel seen individually, but also as a community deserving representation. The idea of the Pastoral God can become a practical theology by way of the *bimah* and the bedside, the classroom and community-wide dinner. While much of this thesis has focused on the experience of an individual in relation to the Pastoral God, the Pastoral Presence can dwell with groups as well. However, the Pastoral God is

just one new image of God that may speak to those with chronic illness. Each of us must examine this image and others for ourselves and determine how we do and do not find meaning from them. Ultimately we should continue to develop new metaphors and ways to connect to God as we change and as our beliefs transform over time. Because God is the guardian of our souls, then reaching a new understanding of God enables us to know ourselves better, building a bridge between our bodies and our souls. In this way, we can see the holiness in our full selves, exactly as we are, knowing that God is there to accompany us on our journeys, tears and all.

ברוך אתה יי אלהינו מלך העולם, המשתף בנטל כאבנו בנוכחות ובדמעות.

*Blessed are You, Adonai our God, Sovereign of the Universe,
who shares the burden of our pain through presence and tears.*

Areas for Further Study

This thesis represents an initial foray into the realm of chronic illness theology and is rooted in my personal experience. There are several possibilities for continuing this project and widening its scope. One route would be to continue the liturgical exploration and write original liturgy to more fully represent the experience of living with chronic illness. Another option would be to examine a wider variety of metaphors and images within Jewish texts and experiment with their application to God, such as the sheep-herding pastor. There is always more text to learn and new ways to uncover their meaning, so further study will only aid in this process. Finally, this theological framework could be presented to a variety of individuals and groups, who could then be interviewed to understand how this theoretical understanding plays out for them. This more quantitative approach could be done within a larger study of how people relate to a variety of God-language and metaphors for God or within a targeted study just of this

theology. Hopefully this topic becomes a more common part of conversations and receives more recognition so that those with chronic illness-- as well as others experiencing theological disconnect or isolation-- feel better represented and integrated in Jewish life. I hope that others are able to relate to my story and may be inspired to share their stories too.

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