"Rabbi, Do You Have a Minute?": Jewish Pastoral Care Theology for End-of-Life Issues

by

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Digest

In Leviticus 19:2 we read, "Be holy, for I, the Lord your God, am Holy." Much of what Jewish law attempts to direct us towards is *imitatio Dei*, imitating God and the way God works in the world, towards being holy just as, and because, God is holy. As Jews and as rabbis, we spend our lives attempting to put this religious concept into practice. Thus, every day, as part of our morning liturgy, we recite *"Eilu d'varim she'ein lahem shiur...g'milut chasadim...uvikur cholim...ul'vayat hameit..."* As Jews, our religious tradition calls upon us to perform acts of loving-kindness, to visit the sick, and to accompany the dead. As rabbis, we are bound by these same obligations (as individual Jews and as professionals), and in our work we will undoubtedly find ourselves called to put them into practice when those within our community become seriously ill or have died.

This thesis examines the traditional roles and sacred obligations of the rabbi as pastoral caregiver in regards to accompanying people through end-of-life situations and the death and dying process. Pastoral care plays a fundamental role within Jewish tradition and it is a role which we need to reclaim as clergy in an effort to meet the needs of our congregants and to offer our presence and support at what are often life's most difficult times. Pastoral care, in its modern form, is largely defined through a Christian lens, using Christian language, and heavily based on Christian concepts. This thesis draws upon Jewish sources as a guide for offering pastoral care in regards to end-of-life issues which provide a solid foundation, as well as building blocks for an understanding of Jewish pastoral care theology.

A large part of pastoral care in end-of-life situations has to do with ensuring that people feel empowered to think about and make decisions regarding treatment and care. This is partly achieved by making sure they have received the necessary information in a way that allows them to understand the options available to them. As rabbis, we must also be available, willing, and able to discuss and work through religious beliefs and emotional issues that affect care, promoting a model of holistic treatment and healing.

Such a sacred responsibility makes it all the more important for us to engage in clinical training that will help ensure that we are personally and professionally prepared to provide the highest quality of pastoral care. Such training will allow us to stand and walk with others in the midst of pain, suffering, and vulnerability, and to still find a sense of meaning, of holiness, and of God's presence along the way.

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I dedicate this thesis to my mom, Barbara Levitt, who has believed in me from the beginning. Your love and support give me roots, and your encouragement and confidence give me wings. Thank you for sharing in this journey with me and for being there every step of the way.

This thesis is also dedicated to my mentors, Rabbi Joseph Klein, Rabbi Levi Kelman, Rabbi Naamah Kelman, Rabbi Ruth Alpers, and Chaplain Karen Behm. What I have learned from each of you will inspire my life and my rabbinate for years to come. May you know how deeply grateful I am, and how profoundly blessed I feel to be your student.

For the people I have had the honor of accompanying as they have made the journey through illness and into the mystery of death, I hope that this work will be a testament to what they have taught me and will serve as a blessing to their memory.

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Modah ani l'fanecha, I offer thanks to You, my God, for Your constant presence in my life, for the blessings and opportunities that fill my days, and for enabling me to reach this moment.

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Introduction

"Rabbi, do you have a minute?" How often we have heard that question coming out of peoples' mouths, whether we are engaging in small talk with congregants after services, visiting patients in the hospital, or walking the halls of the synagogue! It is hardly ever when we actually have a minute, but we can be sure that it is always important. The question is an opening for connection and relationship, a sacred invitation into the lives of others, as they share with us their joy, their pain, their struggles. Being fully present with another in these moments is the art of pastoral care. Through offering our support, active listening, spiritual accompaniment, and presence to those who come to us in need of comfort, we can be agents of healing in a broken world. Our tradition teaches: "love your neighbor as yourself.[1] One way in which we can do this is to provide the same level of care and concern that we ourselves would desire if we were in their place. Martin Buber recounts the following story:

> [The Rabbi] sat among peasants in a village inn and listened to their conversation. Then he heard how one asked the other, "Do you love me, then?" And the latter answered, "Now, of course, I love you very much." But the first regarded him sadly and reproached him for such words: "How can you say you love me? Do you know, then, my faults [needs]?" And then the other fell silent, and silent they sat facing each other, for there was nothing more to say. He who truly loves knows from the depths of his identity with the other, from the root ground of the other's being he knows where his friend is wanting. This alone is love.[2]

Pastoral care within the Jewish tradition stems from the *mitzvah* of *bikur cholim*, the commandment to visit the sick. Encompassed within this *mitzvah* is the obligation to ascertain the needs of those with whom we visit, to uplift their spirits, and to pray for their well-being. In order to do this genuinely and with gentle compassion, we must

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[1] Leviticus 19:34. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.
[2] Buber, Martin. Hasidism and Modern Men. Edited and translated by Maurice Friedman . New York, NY: Horizon Press, 1958, pp. 248-249.

follow the advice of the friend in the above story. We must be willing to sit in silence with people and create a safe holding space for their pain; we must strive to understand not only the words they speak, but the deeper meaning behind them; and we must be aware of our own limitations and vulnerabilities, our own places of woundedness, which can be points of connection, empathy, and sacred understanding. Only then can we truly meet others where they are, seeing them and loving them for who they are as fellow beings created in the image of God, and discerning their needs from the deepest part of our core. To love our neighbors as ourselves is to be present with them and to walk alongside them through whatever obstacles and challenges they face in life, be it illness, spiritual crisis, or death.

This is not always an easy or comfortable task, even for us as rabbis who, by the very nature of our work are called on to be available to people in times of difficulty and distress. This thesis comes out of that truth and speaks to the greater issue that pastoral care, while having a fundamental role within Jewish tradition from the very beginning, has come to be largely defined through a Christian lens and in Christian language. This paper seeks to examine the traditional roles and sacred obligations of the rabbi as pastoral caregiver with specific respect to empowering others in regards to decision-making in end-of-life situations and in facing death and the dying process. In so doing, we will draw upon traditional and modern Jewish sources in an effort to create a guide for offering pastoral care from a uniquely Jewish perspective and based upon texts coming out of our own religious heritage. The time has come for this aspect of our tradition to be made readily available in a comprehensive and comprehensible way in order that Jews

and Jewish clergy may be able to reclaim their role as pastoral care providers, defining their practice in Jewish terms, and finding guidance through Jewish texts.

The introduction will conclude with a brief history of the Clinical Pastoral Education (CPE) movement. This is the primary clinical training program through which we as clergy can take advantage of opportunities for personal and professional learning and growth that will better prepare us for the pastoral responsibilities we will face whether the focus of our work is based in the congregation or in the hospital. The history of CPE, it will be shown, closely parallels the history of pastoral care as a whole, largely developed within the Protestant Christian tradition, but with methodological and theological roots within Judaism that are imperative for us to reclaim and utilize.

The first chapter will identify the sources and textual building blocks from within our Jewish tradition which allow us to define pastoral care from a Jewish perspective. This will take the form of background material from Jewish sources and texts, including those which posit the rabbi as a role model for providing pastoral care. While the *mitzvah* of *bikur cholim*, visiting the sick and offering such spiritual and emotional care, is part of what has come to be seen as the "rabbinic role," it is actually a responsibility incumbent upon all Jews, and that is an issue that will be discussed. Lastly, the chapter will seek to differentiate Jewish pastoral care theology from the Christian model, and will describe and distinguish the images and functions of the pastoral caregiver in both traditions.

Chapter two encompasses an in-depth analysis of the three-fold obligation of visiting the sick within the Jewish tradition: (1) Discerning the person's needs, (2) Lifting the individual's spirits, and (3) Praying for his/her well-being. There is much material in

Torah, Talmud, *halakha*, and contemporary sources that discusses the practice of providing such pastoral care at times of serious illness and death, and it centers on not only bringing about a physical healing of the body, but is more holistic in nature, focusing on a healing of mind and spirit as well. Understanding the vital importance of promoting holistic care in medical facilities and a movement away from a sole focus on "curing" to also include the significance of "healing," rabbis and chaplains also have a sacred responsibility to use their prophetic voices as advocates for congregants and patients when it comes to their care and their beliefs and values. Knowing that the work of pastoral care giving can be inspiring as well as emotionally and spiritually difficult and draining, the next section of the chapter is devoted to the importance of rabbis and chaplains making certain that they are engaging in quality self-care in an effort to ensure that they will also be able to meet the needs of others. The final section of the chapter is devoted to the importance of prayer within the pastoral encounter. This is not solely an act engaged in to influence God's actions in the physical world, but is also, and perhaps more importantly, done in an effort to create a sense of meaning in one's situation, as a reaching in to tap our personal resources of strength and courage, and as a reaching out in an attempt at connection.

For generations, rabbis have sought to adapt the laws and commandments written in our sacred texts to meet the needs of modern-day society, applying what was written in earlier centuries to present circumstances and debates. This is the topic of chapter three as it focuses on how we as pastoral caregivers help people reconcile the potential conflict between the high value which Jewish tradition places on the sanctity of human life and its need to adapt to modern technological advances in the field of medicine. To this end,

chapter three examines how medicine and religion can work together and the distinct role that the hospital chaplain can play as such integration occurs. The specific healthcare and bioethical issues that are addressed in this chapter are: the question of sustaining life versus prolonging death, life support and methods of artificial nutrition and hydration, and the move away from aggressive treatment to palliative care. While the chapter provides background on how these issues are handled from a traditional Jewish perspective, it also seeks to encourage empowerment and informed decision-making on the part of those undergoing treatment and their families. Presented with guidance from our religious tradition, it is then up to each of us to make our own wishes known for how we would like to live and be cared for in our final days. The chapter ends with a section on death and dying, as we help people prepare for death and walk with them through the process of grief and mourning.

The thesis ends with a conclusion not only wrapping up what was covered in the preceding chapters, but also positing the importance of professional pastoral care training for rabbis who will inevitably be providing such care on a daily basis wherever they locate their rabbinate. In an effort to increase pastoral formation, pastoral competency, and pastoral reflection, there can be little question as to how significant such training through Clinical Pastoral Education would be in the personal and professional functioning of rabbis. If we are to reclaim the *mitzvah* of *bikur cholim* and mine the depths of the Jewish pastoral care tradition in an effort to better meet the spiritual and emotional needs of those who come to us for care, then we must also be prepared to recognize what additional professional development opportunities should be required to help us do so and what we and our congregants stand to gain in the process.

It is the purpose of this next section to explore, in a brief and basic context, the history and goals of the Clinical Pastoral Education movement whose influence and impact on the professional training of Jewish clergy will be developed in more depth later. In so doing, some "translation" work needs to be done. CPE's origins and history are within Christian denominations. For this reason, much of the pastoral care language and symbolism is Christian in nature. Once again, however, the essential argument of this thesis holds—that the tradition of pastoral care (from the biblical commandment of *bikur cholim* onward) has a deeply valued and central place within Judaism as well, which must be recovered and restored to its prime position if we hope to adequately meet the spiritual and emotional needs of people within our communities.

The history of Clinical Pastoral Education, dating back to 1925, has centered on the bringing together of theological reflection, the psychoanalytic tradition, the behavioral sciences, and clinical training in an effort to promote pastoral competency and skill among seminarians and clergy. In fact, it was this willingness and ability to engage in such a multi-discipline dialogue that led the CPE movement to find its initial starting ground within the liberal Protestant tradition. The founders of the movement, caring both about their religious faith as well as about human suffering, were concerned that clinical training was not part of seminary education and so they sought to train clergy to be better able to respond to people in crisis. They each brought their own specialty and interests, and offered what they believed would be most helpful to students preparing for ministry.

> Richard C. Cabot conceived of clinical pastoral education (CPE) as a method of learning pastoral practice in a clinical setting under supervision. Anton T. Boisen enlarged the concept to include a case study method of theological inquiry -- a study of "living human documents." William S. Keller began supervising theological students in case study methods, believing pastoral practice was complete only as it addressed contributing social conditions. As CPE developed, other

> leaders opened the doors to integrating knowledge from medicine, psychology and other behavioral sciences into pastoral practice.[3]

Such training officially began in the summer of 1925 when Reverend Anton Boisen, then chaplain at the Worcester State Hospital in Massachusetts, accepted four theological students for a supervised clinical training program. Boisen, himself, had been hospitalized following a psychotic episode after several less severe mental breakdowns. His own hospitalization experience led him to study his mental illness and to come to the conclusion that much suffering within the human condition is not simply of medical concern but should also be addressed from a religious standpoint. Boisen strongly believed in the theological element of pastoral care. Not only did he hope that his students, in coming face-to-face with human pain and suffering, would be able to form a personal theology, but that they would also be able to help those with whom they visited interpret their situation in the light of the Judeo-Christian tradition.[4] As one CPE supervisor put it:

> I want [the students] "dunked"—plunged deeply into life, brought up gasping and dripping, and returned to us humble and ready to learn. Until all students are faced with the tragedies, the contradictions, and the stark questions of life, they cannot understand the need for redemption or God's redemptive action. I want my students to lose, as soon as possible, their easy faith, their ready answers; and I want them to lose any hope of ever again having an easy faith or a ready answer. I want them to lose their personal conceits and their illusions about themselves, their illusions about their fellow men and their illusions about God. I want their assumptions about the ministry and their assumptions about how they are going to conduct their ministry completely destroyed.[5]

This notion represented a stepping away from presenting text-book theology to the patients and congregants with whom clergy visited. Having the "right answer" easily

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[3] Association for Clinical Pastoral Education. "Revised Standards for the Association of Clinical Pastoral Education, Inc." Decatur, GA: 2005. http://www.acpe.edu.

[4] Gerkin, Charles V. The Living Human Document: Re-visioning Pastoral Counseling in a Hermeneutical Mode. Nashville, TN: Abingdon Press, 1984, pp. 17-22.

[5] Howe, Reuel. "The Role of Clinical Training in Theological Education," *The Journal of Pastoral Care*, 6, (Spring, 1952): 5-6. In Inside the Circle, Joan E. Hemenway. Journal of Pastoral Care Publications, Inc., 1996, p. 41.

accessible was no longer what was of importance. Rather, CPE training helps one have the ability to sit with the pain and distress of another person, to share in that human experience, and to be able to understand and provide for the person's unique religious and spiritual needs at that moment. Ready-made answers are insufficient when it comes to the raw experience of life, and often what one encounters in one's clinical work presents a challenge to pre-conceived theological beliefs. It became clear, then, that doctrine and tradition taught in seminary classrooms needed to be supplemented with actual clinical experience, so that theology could meet "real life."

From 1930, with the formation of the Council for Clinical Training of Theological Students, to the establishment of the Association for Clinical Pastoral Education (ACPE) in 1967, various groups supporting clinical training and pastoral education for clergy came into existence, several of which eventually merged to form ACPE. Throughout the 1930s, however, tensions ran high as educators and supervisors within the Council found themselves divided in regards to who would lead the organization and what its goals would be. While some stressed "theological reflection about human experience," others focused their attention more on the behavioral sciences, enabling "students to gain a profound understanding of people, their deeper motivation, their problems, their emotional and spiritual conflicts, their infirmities and their strengths."[6] Many people in the Boston area eventually split off from the New York based Council to form their own organization, the Institute of Pastoral Care.

> The New England group kept their training programs more closely connected to theological schools, both in spirit and administratively. In their clinical programs the New England Group focused on the student-patient relationship. They were primarily interested in the development of pastoral skills, the application of theological concepts to pastoral care, and in training people for parish ministry. Their supervisors tended to hold a graduate academic degree beyond the basic

[6] Association for Clinical Pastoral Education. "A Brief History of ACPE," http://www.acpe.edu/cpehistory.htm.

> theological degree and were trained to search for an integration of the conceptual and the practical in what was called "clinical theology." In contrast, the New York group was increasingly influenced by the medical (that is, psychoanalytic) rather than theological tradition, believing that it was only through a psychodynamic understanding of one's own emotions that pastoral competence could be achieved.[7]

The organizations finally met in Pittsburgh in June, 1944 at the first national conference of clinical pastoral educators. Agreements were reached in regards to what was to be included as part of the CPE curriculum, and the keynote speaker discussed the importance of incorporating theology into clinical training:

> What we are really dealing with is a clinical theology. There is a practice of theology for the cure of souls, just as truly as there is a practice of medicine for the cure of bodies...This is the kind of theology that every pastor needs...It is the affirmation and expression of our Christian faith made available for the deepest needs of the human soul. As the medical schools send out men to practice medicine, so it is the function of our seminaries to send out men to practice theology.[8]

Even back in the middle of last century, the argument was already being made that a seminary's curriculum was insufficient if it did not include a requirement for clinical training and work that would allow students to grow in their pastoral identity.[9]

The initial goals set down by the Council were three-fold, and while they have been elaborated upon throughout the decades, they still seem to provide a solid foundation on which the CPE movement rests:

> (1) To open the students' eyes to the real problems of men and women and to develop in him methods of observation which will make him competent as an instigator of the forces with which religion has to do and of the laws which govern these forces;
> (2) To train him in the art of helping people out of trouble and enabling them to find spiritual health;
> (3) To bring about a greater degree of mutual understanding among the professional groups which are concerned with the personal problems of men.[10]

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[7] Hemenway, Joan E. Inside the Circle. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1996, p.13.
[8] Everett C. Herrick. 1945 Speech. In Joan E. Hemenway, Inside the Circle. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1996, pp. 16-17.
[9] The Association for Clinical Pastoral Education. "The story of Phillip Guiles and John Billinsky." http://www.acpe.edu/history_guiles.htm.
[10] Eastman, Fred. "Father of the Clinical Pastoral Movement," *The Journal of Pastoral Care*, (Spring, 1951). In Glenn H. Asquith, Jr., ed., Vision From A Little Known Country: A Boisen Reader. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1991, p. 134.

The Association for Clinical Pastoral Education, formed in 1967 with the merger of several clinical pastoral education organizations, defined CPE in the following way in 2008:

> Clinical Pastoral Education is interfaith professional education for ministry. It brings theological students and ministers of all faiths into supervised encounter with persons in crisis. Out of an intense involvement with persons in need, and the feedback from peers and teachers, students develop new awareness of themselves as persons and of the needs of those to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping persons, they develop skills in interpersonal and interprofessional relationships.[11]

There could hardly be a closer relationship between the goals of Clinical Pastoral Education throughout its history and the function of the pastoral caregiver within the Jewish tradition. Both put great emphasis on empathy, understanding, and self-awareness, using one's prophetic voice to advocate on behalf of the needs of others, accompanying others on their journey, utilizing the religious and spiritual resources of one's tradition to promote healing, and working as part of the treatment team in an effort to provide holistic care. Although the number of certified Jewish chaplains and the number of rabbis who have CPE training lags far behind seminarians and ministers within the various Christian denominations, Rabbi I. Fred Hollander became the first rabbi certified by the Council for Clinical Training in 1949, and Rabbi Jeffery Silberman, who was certified in 1988, became the first Jewish supervisor in the ACPE.[12] As of 2009, Hebrew Union College-Jewish Institute of Religion's Cincinnati campus remains the only rabbinical seminary to stipulate that CPE is a requirement for ordination, and is

[11] The Association for Clinical Pastoral Education. "Frequently Asked Questions about ACPE Clinical Pastoral Education," http://www.acpe.edu/faq.htm.
[12] Thomas, John R. A 'Snap Shot' of the Association for Clinical Pastoral Education, Inc., p. 53.

the only rabbinical seminary in the world to have achieved the noteworthy status of being an accredited site for CPE training.[13]

In the prophetic book of Isaiah, we read: "I heard the voice of the Lord, saying: 'Whom shall I send, and who will go for us?' Then I said: 'Here am I; send me.'"[14] *Hineini.* Here I am, fully present in the moment, in the proper mindset to truly listen before I decide what action is necessary, ready to discern and find meaning in whatever is being shared with me. *Hineini.* It is the response of Jewish pastoral caregivers to their sacred responsibility. It is an affirmation of our willingness to stand with others at the edge of uncertainty, on the border of the ultimate mystery which is life and death. Sometimes we are asked for advice, for answers, or for prayer, and sometimes it is enough for us to simply stand there, allowing the person we are accompanying to not feel so alone, so overwhelmed, or so scared. Sometimes there is and can be no better answer than "I am here"—to sit with you, to bear witness to your struggle, to affirm that God, too, is still present. In so doing, we validate the reality that pain and suffering are not solely physical, and that healing and comfort are always possible.

[13] Ehrlich, Rabbi Kenneth, Dean of Hebrew Union College-Jewish Institute of Religion, Cincinnati. CPE Handbook. Hebrew Union College-Jewish Institute of Religion, 2007.
[14] Isaiah 6:8. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.

Chapter One: Mining the Depths of the Jewish Pastoral Care Tradition

Beginning here, we will see that Jewish pastoral care is centered on the tripartite relationship between the congregant/patient, the caregiver, and God. While this is a theme that will be continued throughout the paper, its introduction here will lay the necessary foundations for understanding how this relationship functions and what it means for our role as rabbis. This chapter begins with the emotional and spiritual elements of healing and the effort of pastoral caregivers to bring a sense of holiness to the experience of suffering. We then transition into the development of pastoral care and the concept of the pastoral caregiver within Judaism and Christianity, noting the similarities and differences between the two religious traditions. The chapter concludes with a look at the role we as rabbis can play when called upon to be with people who are sick or dying. Clarifying and claiming this role is the main purpose of this thesis. It will, then, continue to be addressed and developed in each subsequent chapter. We end with a discussion of the potential to propel our Jewish pastoral care tradition into the future by ensuring that rabbis are properly trained and well prepared for the pastoral opportunities and challenges they will be called upon to face.

In the *Mi Shebeirach* prayer for healing which has become standard liturgy in many of our congregations, we ask that God grant a *refuat ha'guf* (a healing of the body) as well as a *refuat ha'nefesh* (a healing of the soul) to those among our family and friends, and those within our community who have faced illness, loss, or challenges in their lives. Our ultimate hope is that they will experience a *refuah shleimah*, a full and complete healing and a return to wholeness. While "healing" does not necessarily mean

"curing," it does imply a holistic approach and response to the crisis faced by those who are suffering. In Judaism, we assert the belief that the body and the soul are connected and, therefore, it is of vital importance that both are cared for and treated. Neglecting one's bodily health can quickly lead to physical illness, while neglecting one's emotional and spiritual state can just as easily lead to suffering and pain. The medical profession primarily concentrates its energy on the physical body, with the goal of curing ailments and disease. As clergy, our role in the interdisciplinary healing process focuses more on exploring the emotional and spiritual elements that are hindering one's ability to move to a place of wholeness, as well as those elements that may be helpful for such spiritual progression and well-being. We are looked to, and need to see ourselves as resources of faith and as advocates for those in need whose voices or concerns go unheard. The experience of illness, hospitalization, or medical treatment can be a dehumanizing process but, as clergy, we have the ability to bring, by our very presence, a human element to this situation. At what is, for many (patient and caregiver alike), a time of distress and crisis on many levels, our Jewish tradition and those who embody it can provide the necessary tools and texts, resources and spiritual accompaniment that may be needed in such moments to inspire hope and possibility when one's life is overshadowed by pain, loss, and suffering. Our ability to help others find the hidden blessings in life and the purpose in living, supported by our religious tradition and heritage, can be what is severely needed and what is, at many times, sorely missed. Approaching the sacred at times of crisis is not always an easy or comfortable process but, as rabbis with a solid religious and spiritual tradition behind us, we can pave the way for such an encounter,

bridging the gap between the place where people are standing and the religious and spiritual resources at their disposal. In Genesis 21 we read:

> Abraham took some bread and a skin of water, and gave them to Hagar. He placed them over the shoulder, together with the child [Ishmael], and sent her away. And she wandered about in the wilderness of Beersheba. When the water was gone from the skin, she left the child under one of the bushes, and went and sat down at a distance, a bowshot away; for she thought, "Let me not look on as the child dies." And sitting thus afar, she burst into tears. God heard the cry of the boy, and an angel of God called to Hagar from heaven and said to her, "What troubles you, Hagar? Fear not, for God has heeded the cry of the boy where he is...Then God opened her eyes and she saw a well of water. She went and filled the skin with water, and let the boy drink.[15]

Our role as pastoral care givers is often that of "meaning maker." People come to us with their problems—theological, physical, emotional, and spiritual—and we listen. We allow ourselves to be open enough to hear another's cry, we make the effort to discern where that person is in the vast wilderness of life, and we quickly try to get there ourselves, wherever "there" may happen to be, meeting the other with empathy and compassion. In short, we are present, and in our presence we bear witness to pain, to suffering, to healing, to wholeness, and even to death. We walk with people on their journeys and, when the time is right, we may be able to offer them some comfort and guidance. It is not our job to solve the problem or fix the situation, but sometimes, in moments of crisis, all that is really needed is a change of perspective on the reality that the person is facing. We can help imbue the path they are walking with holiness, with companionship, and ultimately with a sense of meaning and purpose. In the above story, God did not magically or miraculously create the well or fill it with water; God "simply" opened Hagar's eyes to what had been there all along, but which was obscured from view by the overwhelming fear and sadness Hagar was feeling. When people are hurt and in pain it is often exceedingly difficult for them to see beyond their immediate experience.

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[15] Genesis 21:14-17, 19. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.

Empathy, while allowing us to stand with the other person, also allows us to remain at a healthy distance—close enough to be of comfort and support, but far enough away as to not have our own vision clouded or our spirit paralyzed, leaving us still able to see the broader scope of reality, the glimmers of hope, possibility, and purpose that those in the midst of suffering cannot see. It was as if Hagar was being told:

> Although the place you stand in now may feel utterly bleak, have the courage to imagine that a time will eventually come when the crisis of the current moment is behind you. It could take time, but it will come. Even when you are challenged, if you hold onto the possibility of change, you may discover you have the resources to help it unfold.[16]

And, so too, is it with many in our congregations and communities in need of healing, even at times when recovery or cure are unlikely possibilities. A return to physical health or life as once lived are not always attainable goals, but *refuat ha'nefesh*, spiritual and emotional healing, can take place regardless of the physical outcome of illness or injury. "The struggle to find healing is more than just an attempt to recapture our former selves, but also a vision of ourselves, even if only for a brief moment, where the broken or fragmented parts have come together to form a new fuller whole."[17] As pastoral caregivers, we can help people envision a new sense of wholeness and an understanding of their new reality, but we must do so with the utmost humility, care, and respect for the sacredness inherent in the personal journey of the other, and we must do so not in place of, but rather in partnership with, God.

In biblical times, as attested to in our sacred literature, God was seen as the sole healer of the sick: "I deal death and give life; I wounded and I will heal: None can deliver from My hand" (Deut. 32:39). If one found oneself suffering from an ailment or illness, such sickness was typically viewed as being a deserved and divinely ordained

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[16] Ochs, Vanessa L. Sarah Laughed. New York, NY: McGraw-Hill, 2005, p. 19.
[17] Mark, Naomi. "A Perspective on Jewish Healing," in The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 39.

punishment for neglecting one's religious obligations. Torah comprehensively laid out the blessings and curses associated with specific human behaviors and actions, and ill-health was not simply a random occurrence, but Divine retribution for not following God's commands. There were, of course, ways to overcome such physical sufferings, namely rituals that one could perform to appease God and to cleanse one of his/her sin. "Since Israelite priests and prophets closely understood the Divine connection to health and healing through sacrifice, prayer, repentance, or fasting, they...were often consulted in cases of illness."[18] Since illness was seen as linked to ritual impurity, one of the roles and responsibilities of the priestly class was to preside over purification ceremonies. It was not until the post-biblical era when healing practices based on magical spells, incantations, and amulets became popular as, with the fall of the Temple in 70 C.E., the centralized institution of the priesthood found itself in decline as well. The rise of prophetic magicians largely replaced the Temple priests in meeting individual needs for atonement, guidance, and healing.[19] Such charismatic and magical healers posed a significant challenge to the power and influence of the priests. The realms of science, magic, and religion were blurred, and it was not until the Hellenistic Period when Judaism, under Greek influence, began to welcome and allow for the scientific medicinal treatment and care provided by professional physicians. In the *Mishnah*, Talmud, and *Midrash* [which will be covered more extensively in chapter 2] we find a significant amount of writing on the positive benefits associated with medicine, the physician's permission to cure, and the importance of a multidisciplinary effort (with cooperation between rabbis and healthcare professionals) in regards to a healing of mind, body, and

[18] Praglin, Laura J. "The Jewish Healing Tradition in Historical Perspective." In The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 3.
[19] Ibid., 5.

spirit, rather than a narrow focus on illness and suffering as divine punishment. The codificatory literature from the Tenth to the Eighteenth Century expanded upon the earlier rabbinic work in the realms of healing, medical treatment, and our obligation to care for those who are ill, among other relevant issues. While, for example, Joseph Caro's *Shulchan Arukh* "explicitly states that the Torah mandates the physician to heal, and decreed that withholding treatment was akin to shedding blood,"[20] it also affirms the notion that "the Jewish obligation to heal extends beyond physicians to the Jewish community at large, where all persons are required to visit the sick."[21] The *mitzvah* to heal was thus believed to be enjoined upon all Jews—rabbis, doctors, and laity alike. In this respect, each person was responsible for acting in partnership with God. While God was still seen as the ultimate Healer, it was up to humanity to assist God in those efforts.

As Jews, our covenantal relationship with God is predicated upon our following of the commandment found in Leviticus 19:2: "Be holy, for I, the Lord your God, am Holy." So much of Jewish law is an attempt at *imitatio Dei*, at imitating God and the way God works in the world, at being holy just as, and because, God is holy. Human virtue, it is thought, is found by putting this religious concept into practice, and Judaism's stress on the close relationship between God and the Jewish people makes this all the more important. Thus, every day, as part of our morning liturgy, we recite *"Eilu d'varim she'ein lahem shiur...g'milut chasadim...uvikur cholim...ul'vayat hameit..."* As Jews, our religious tradition calls upon us to perform acts of loving-kindness, to visit the sick,

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[20] Caro, Joseph. Shulchan Arukh, *Yoreh De'ah* 336:1. In Laura J. Praglin, "The Jewish Healing Tradition in Historical Perspective." In The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 9.

[21] Caro, Joseph. Shulchan Arukh, *Yoreh De'ah* 335:2. In Laura J. Praglin, "The Jewish Healing Tradition in Historical Perspective." In The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 9.

and to accompany the dead. The *Gemara* in *Sotah* 14a takes as its biblical starting point Deuteronomy 13:5, which reads, "After Hashem your God you shall follow," reminding us once again that our priority in every action we undertake is to imitate the attributes and practices of God as best we can. How much more important is such emulation of Divine qualities when caring for, and accompanying those who are ill, those who are in the dying process, and those who love and care for the sick. Thus, "in Jewish pastoral care, we offer a spiritual presence to people in need, pain, or transition."[22]

The practice of pastoral care in its modern form, and how the rabbi has come to be seen more and more as pastoral caregiver, has, up until now, been largely defined through a Christian lens, using Christian language, and heavily based on Christian concepts. It has been said, "Judaism has no tradition of pastoral care analogous to what can be found in Protestantism or Catholicism. Nonetheless, the rabbi and faithful Jew were expected to visit the sick, care for the bereaved, and help order the practical life of the Jewish community..."[23] It is not that Judaism has no tradition of pastoral care—not only are our biblical, rabbinic, and codificatory texts filled with stories and laws regarding our obligations as rabbis and as Jews to those within our community who are suffering physically, emotionally, and spiritually, but also with wisdom and guidance as to how we are to go about such important and sacred work. The tradition of pastoral care within Judaism has just not been developed, nor its depths within sacred texts and literature mined as fully as it has been within the Christian community. During the period of the Enlightenment and the Emancipation from ghetto life, many Jews embraced

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[22] Friedman, Rabbi Dayle A., ed. Jewish Pastoral Care, 2nd Edition. Woodstock, VT: Jewish Lights Publishing, 2005, p. xv.

[23] Katz, Rabbi Robert L. Pastoral Care and the Jewish Tradition. New York, NY: The Free Press of Glencoe, 1985, p. 10.

Western, liberal, and scientific ideas, casting aside tradition and religious folkways (including elements of spiritual healing) in an attempt to integrate modern thought and practice into their daily lives. However, by the Twentieth Century, Jews found themselves once again longing for the rootedness of a tradition that would provide them with a sense of meaning and purpose. Having integrated and assimilated well into modern American society and culture, Jews are now turning back to religion as part of their own personal journeys, seeking to bridge traditional wisdom and teachings with modern life and their daily experiences.

> In an attempt to address the widespread psychic hunger of congregants...some rabbis...began to look to the new discipline of psychology, with its concern with mental healing and the inner self....Psychology also encouraged rabbis to redefine the relationship of Judaism to medicine and mental healing, to examine classic roles of the rabbis as priest, and to define concepts of human nature and the soul.[24]

Just as traditional religious practices are being reexamined and re-integrated into Jewish communal life in an attempt to reclaim pieces of our spiritual heritage, so too must our rich tradition of pastoral care be recovered and revitalized if we are to meet the needs of the many Jews who are coming to us for purposes of emotional and spiritual healing.

The connection between Judaism and Christianity in regards to the development of pastoral care and pastoral care theology is indeed a historical relationship. While in some respects the two traditions share common elements and practices, in other respects the two contrast with one another, as in regards to their vision of the role of the pastoral caregiver and of those responsible to serve in such a capacity. The role of empathy in the pastoral encounter is fundamental in Christian and Jewish tradition, and is a well-developed aspect of both. From the biblical period through the modern day, those who are ill, in pain, or who are suffering find, at times, a sense of comfort and consolation in

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[24] Praglin, Laura J. "The Jewish Healing Tradition in Historical Perspective." In The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 12.

knowing that God is with them and has identified with their predicament. God's connection with humanity, as seen through the lens of a number of religious texts primarily from the rabbinic period and those written by modern theologians, have served to reinforce the notion of a deity who suffers with us. "For example, in talking about God, the rabbis used the term *hishva*. Translated, this term means that God made himself like, similar, or identical to the persons He was concerned for...God became involved in the process of achieving the closest harmony between Himself and humanity."[25] God's involvement in human suffering is also a profoundly powerful theme in the *midrashic* work of *Eicha Rabbah*, as God is seen mourning the plight of His children, even to the point of being inconsolable: At the destruction of the Temple it is written, "Therefore said I [God], Look away from Me, I will weep bitterly, strain not to comfort Me."[26] There is emotional involvement, closeness, and a sense that God not only knows what His children are feeling, but is intimately connected to those feelings Himself. In the Christian tradition, the notion of an empathic deity lies at the very forefront of religious faith as a fundamental aspect of God's entry into the world through the personhood of Jesus Christ.

> The incarnation is absolutely central in the Christian faith. It refers to the event in which God takes on human form in Christ. It is God's projection of God's self into the world. One might say that it is God's empathic connection with human experience...God goes far beyond vicarious participation in human existence; God connects with it directly, fully, and absolutely in Christ. In him, God has an immediate experience of all the joy and sorrow, of all the hope and despair, of all the achievement and failure that is human life.[27]

At a time when much is uncertain in the lives of those who are suffering from illness or find themselves or their loved ones teetering between life and death, we as pastoral

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[25] Katz, Rabbi Robert L. Pastoral Care and the Jewish Tradition. New York, NY: The Free Press of Glencoe, 1985, p. 30.
[26] Eicha Rabbah, Petichta 24, from Isaiah 22:4. The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1917.
[27] Pembroke, Neil Francis. "Empathy, Emotion, and Ekstasis in the Patient-Physician Relationship," *Journal of Religion and Health*, Vol. 46, No. 2, June 2007.

caregivers can connect them to such images of God and we can emulate the face of Divine compassion by our own actions, even at times when it may appear to the sufferer that God is absent. "God's relation to human beings can be the paradigm for our own empathy with others. The texts can richly inform the sensibility of contemporary rabbis seeking for roots, for a sense of continuity with the tradition, and for a feeling of authenticity in their ministry to individuals."[28] The empathic deity of the Christian tradition, who has inspired the growth and development of such a powerful pastoral care initiative in the effort to build connections both horizontally between members of the community and vertically between people and God, has a deep-seated place within Judaism as well. By searching out the treasures buried deep within our own tradition to inform our own practice of pastoral care, we learn more about what it truly means to "walk in God's ways." In so doing, perhaps we will begin to see that while the Christian pastoral care tradition can offer us much from its long history of experience, there is also a Jewish way to articulate what we do as pastoral caregivers and why we do it.

Even the term "pastor," derived from the Latin word meaning "shepherd," has its origins in the Hebrew Bible. Thus, while "the term 'pastoral care' is one that was developed in the Christian community, it has clear roots in the Hebrew Scriptures, in which both God and human leaders such as Moses and David are depicted as pastors, or shepherds tending their flocks:"[29]

> "The God who has been my shepherd from my birth to this day..." (Genesis 48:15)
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> "The Lord is my shepherd; I lack nothing." (Psalm 23:1)

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[28] Katz, Rabbi Robert L. Pastoral Care and the Jewish Tradition. New York, NY: The Free Press of Glencoe, 1985, p. 29.
[29] Friedman, Rabbi Dayle A., ed. Jewish Pastoral Care, 2nd Edition. Woodstock, VT: Jewish Lights Publishing, 2005, p. xvi.

> "And the Lord your God said to you [David]: You shall shepherd My people Israel; you shall be ruler of My people Israel." (1 Chronicles 11:2)

Yet, when we think about who in biblical literature epitomizes the role of the pastor, and who signifies the "Good Shepherd,"[30] our thoughts tend to shift more to the Christian Scriptures and the figure of Jesus.

> Healing of sickness and other forms of human brokenness is a central motif in the New Testament. Nearly one-fifth of the four gospels deals with stories of Jesus' healings. His critics probably felt that he spent too much time with the sick, the burdened, and the disturbed. But the importance that he attached to this aspect of his ministry is crystal clear. His parable of the shepherd who left the ninety-nine to find the one lost sheep shows his deep concern for the individual in need (Matt. 18:12-14). His response to those who criticized him for eating with sinners and with the despised tax collectors—"Those who are well have no need of a physician, but those who are sick" (Mark 2:17)—showed the orientation of his ministry.[31]

Such healing- and pastoral-ministry is found in our own biblical and rabbinic literature as well, and it is perhaps long past time for such texts to come to the surface so that we can embrace the pastoral elements in our Jewish religious tradition without having to look outside of it when it comes to searching for pastoral care instruction and direction. As Jews, we, too, walk in the ways of God by trying to emulate His caring, compassionate, and empathetic presence as we journey with those who are in need of comfort and support. Unlike Christianity which has based its religious teaching and theology around a charismatic leader, Judaism has maintained its belief in the primary importance of *imitatio Dei*, of emulating the ways of God that lead us to acts of justice, mercy, and compassion. In that sense, at least, we attempt to act as God's hands on earth, doing for others that which we believe God would do.

> There is a Talmudic story in which Rabbi Yehoshua ben Levi argues with other rabbis about how to relate to a group of people quarantined on the edge of town as they suffer from a highly contagious and incurable disease (BT *Ketubot* 77b). All of the other rabbis suggest reasons for not

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[30] John 10:14. The Holy Bible: New International Version. Grand Rapids, MI: Zondervan and International Bible Society, 1984.

[31] Clinebell, Howard. Basic Types of Pastoral Care and Counseling. Nashville, TN: Abingdon Press, 1984, p. 61.

> going near the sufferers...Only Yehoshua ben Levi decides to approach the sufferers. He sits with them, learns Torah with them, and hugs each of them as well. He provides radical compassion, human contact through his very physical presence and touch, in striking contrast to his contemporaries. In addition, he offers the sufferers words of Torah, helping them connect with God through sacred teachings....Yehoshua ben Levi was affected by his actions. In the next part of the narrative, Yehoshua ben Levi requests and is granted a vision of the world to come...[This story teaches us that] A pastoral caregiver must first and last exude radical caring, the godly qualities of loving-kindness and empathetic presence.[32]

Perhaps this *talmudic* story can shed some light upon why it is that Jews have moved away from the concept of rabbi as "pastor," especially when it comes to visiting those who are ill or dying. The story describes Rabbi Yehoshua ben Levi "sitting with" the people who are suffering, offering his presence, teaching them, learning from them, and providing a physical connection through human touch. While the terms "pastor" or "shepherd" suggest one who is in charge of moving others along to a destination that he/she knows in advance will be good for them, the Jewish concept of offering care has more to do with "walking with" than "leading forth" or "shepherding" those who are suffering. Rabbi Dayle A. Friedman has offered the term *livui ruchani* (spiritual accompaniment)[33] as a Jewish contrast to what she sees as the more Christian connotation of the phrase "pastoral care." The root of the verb—*lamed, vav, hay* (to accompany)—is found in both the Bible and in rabbinic literature. The Babylonian Talmud, *Ta'anit* 11a and *Shabbat* 119b both describe angels who accompany people all the days of their life; in the book of Numbers, God accompanies the Israelites through the desert as a cloud and pillar of fire; in *Berachot* 18a, the root is used to describe the *mitzvah* of accompanying the dead; and in *Sotah* 40a, the root is used to describe peers going with one another.[34] Others, like Rabbi Robert Katz, prefer to stick with more familiar and general

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[32] Klotz, Rabbi Myriam. "Wresting Blessings: A Pastoral Response to Suffering." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 25.
[33] Friedman, Rabbi Dayle A., ed. Jewish Pastoral Care, 2nd Edition. Woodstock, VT: Jewish Lights Publishing, 2005, p. xvii.
[34] Ibid., xxiv.

terminology, such as using "*gemilut hasadim*," acts of loving-kindness, to describe what it is that Jewish pastoral care encompasses. This, too, has a biblical parallel. In Genesis 18:1 we read that "The Lord appeared to him (Abraham) by the terebinths of Mamre..." Because this Divine visitation comes on the heels of Abraham circumcising himself in an effort to enter into a covenant with God, the biblical commentator Rashi stressed the fact the God came specifically to "visit the sick."[35] While God was making His visit, He did not reveal Himself, or teach any new laws, or reveal any future events. Thus, God made His visit solely to inquire about Abraham's welfare and to perform an act of loving-kindness. The concept of *gemilut hasadim* or *livui ruchani*, then, serves to remind us of the important instruction when visiting those who are sick or in spiritual or emotional pain: "Don't just do something, sit there!"[36] While the *Tanakh*, like the Christian Scriptures, does use the metaphor of the people as sheep in need of a responsible shepherd to go before the flock, such an image does not translate as easily into the practice of pastoral care from a Jewish perspective as it does in the Christian tradition. While we do offer guidance and direction at appropriate times, more than leading the way, we engage others in their present reality and move with them in a supportive role, helping to open their eyes to their own resources, to their own courage and strength, and to their unique and personal relationship with God.

At the heart of our rabbinic role, then, is our ability to care for others, to accompany them, and to offer them "a connection to God, Torah, and Israel; to our

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[35] Rashi's Commentary to Genesis 18:1. Torat Chaim: Mikraot Gedolot. Vol. 1. Jerusalem, Israel: Mossad HaRav Kook, 1993, p. 204.
[36] Boorstein, Sylvia. Don't Just Do Something, Sit There. New York, NY: HarperCollins Publishers, 1996.

shared tradition; to community; and to their own spiritual resources."[37] Nowadays, more and more congregants are looking to their rabbis to provide them with emotional and spiritual support; they are turning to their clergy not only for intellectually challenging religious learning, but for issues related to personal spiritual growth, counseling, sickness, and bereavement. If we hope to meet the modern needs of our congregants, we can no longer see ourselves solely as teachers, life-cycle officiants, and judges of morality and ethics, but rather we must also recognize the need for rabbis to be caregivers and a "resource in the healing of the soul (*refuat hanefesh*) as well as in the fulfillment of the self *(tikkun hanefesh)*.[38]

Throughout rabbinic texts we encounter stories of rabbis visiting the sick and the dying to offer such care. The Talmud (*Nedarim* 39b-40a) shares a story about one of R. Akiva's students becoming ill and R. Akiva being the only sage to go and visit. The student responded to R. Akiva's coming by saying, "My teacher, you have brought me back to life."[39] This leads to R. Akiva stating that not practicing *bikur cholim* is tantamount to spilling a person's blood, and to R. Dimi stating that visiting a sick person causes that person to live, and not visiting a sick person causes that person to die. And in *Berakhot* 5b we find the following story: R. Johanan once fell ill and R. Hanina went in to visit him. He said to him: "Are your sufferings welcome to you?" He replied: "Neither they nor their reward." He said to him: "Give me your hand." He gave him his hand and he raised him. Why could not R. Johanan raise himself? They replied: "The

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[37] Friedman, Rabbi Dayle A. Jewish Pastoral Care, 2nd Edition. Woodstock, VT: Jewish Lights Publishing, 2005, p. xv.
[38] Katz, Rabbi Robert L. Pastoral Care and the Jewish Tradition. New York, NY: The Free Press of Glencoe, 1985, p. 21.
[39] Babylonian Talmud. *Nedarim* 39b-40a. Soncino English Translation: "My master," said he, "you have revived me!" London, England: The Soncino Press, 1938.

prisoner cannot free himself from jail."[40] It is at these times when we as rabbis can offer our hand (and ourselves) to those in need, and we can also provide a spiritual framework in which we can help those who are suffering find meaning in their situation and establish (or strengthen) a connection with God. In the Chasidic tradition, the *tzaddik* (the religious master) descends into the pit of suffering with his people when necessary and rises with them so that they do not have to make the difficult and, at times, emotionally painful, climb alone. Protecting himself from over-identification with the others in the pit, the *tzaddik* ties "a rope of faith" around himself so that although he is present where his people are, he can also extract himself from the situation.[41]

Pastoral care is, thus, in a Jewish sense, "life giving" in terms of the pastoral caregiver's offer of help, support, or simply presence. But does this responsibility fall exclusively on the congregational rabbi? There are, after all, no religious obligations that are required solely of rabbis. It has been only a fairly recent phenomenon, perhaps in part due to the example set by Protestant and Catholic clergy, that *mitzvot* like visiting the sick have been viewed as the special duty of those with rabbinic training. However, performing acts of loving kindness, visiting the sick, consoling the bereaved, and accompanying the dead, among all other *mitzvot*, are just as binding on every other Jew as they are upon rabbis. "Since rabbinic times, particular individuals have represented the community in fulfilling *chesed*-based *mitzvot*. Since the twelfth century, *bikur cholim* committees have functioned in this way."[42] The presence of a lay-person at the bedside

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[40] Babylonian Talmud. *Berakhot* 5b. Soncino English Translation. London, England: The Soncino Press, 1938.
[41] Schur, Rabbi Tsvi G. Illness and Crisis: Coping the Jewish Way. New York, NY: National Conference of Synagogue Youth/Union of Orthodox Jewish Congregations of America, 1987, p. 22.
[42] Ozarowski, Rabbi Joseph S. "Bikur Cholim: A Paradigm for Pastoral Caring." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 56.

of a sick or dying person can be just as compassionate and dedicated, just as empathetic and caring as the presence of a rabbi would be. However, what we can offer as clergy *is* different than what can be provided by others, and this must be recognized.

> The rabbi's role is clearly different from the responsibility of other Jews in visiting the sick. The Laymen visit to show their concern, to provide some cheer, and to help the patient pass lonely hours. This encourages the patient, improves his/her morale, and reduces feelings of alienation and isolation. Rabbis may do all of these things, but they should also provide a spiritual dimension by showing patients how they may relate to God in their situation....It is the rabbinic task to help our people grow as Jews and to help them relate to God, to Jewish values, and to the Jewish people.[43]

When one is sick or facing death, the presence of a rabbi can bring a religious and/or spiritual element to the encounter as people see clergy as symbols of holiness and human representatives of the presence of God. In our position as leaders of a congregation we can connect the people with whom we are visiting to that community, and we can also frame what is occurring for them within a religious context and help them find meaning in, and wrestle with, the eternal questions that can come up when one's health or life is in danger. As Abraham Joshua Heschel once wrote: "Sickness while primarily a problem of pathology is a crisis of the total person, not only a physical disorder. There is a spiritual dimension to sickness. At a moment in which one's very living is called into question...the ultimate question of what it means to be alive [is] of...importance..."[44] We may not have the answer to every question or be able to comprehend the mysteries of life, but we must be willing and able to journey with people as they struggle to find the blessings in a painful experience and meaning in their suffering. Our presence can represent the fact that someone understands what they are going through, even if only to a

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[43] Fisher, Adam D. "The Rabbinic Role and Practice in Visiting the Sick," *Journal of Reform Judaism*, (Fall, 1982): 44.
[44] Heschel, Abraham Joshua. "The Patient as a Person," *Conservative Judaism* XIX: 1, (Fall, 1964): 1.

limited extent, and that someone ultimately cares—that we care, that the community cares, that God cares.

> Elie Wiesel recounts the story of the Hasidic master who empathized with a student outraged by the world's evil: To the desperate young student he had said: "I know there are questions that remain open; I know there is a suffering so scandalous that it cannot even have a name; I know that one can find injustice in God's creation—I know all of that as well as you do. Yes, there are reasons enough for a man to explode with rage. Yes, I know why you are angry. And what do I say to you? Fine. Let us be angry. Together."[45]

Experiencing illness can leave people feeling isolated and estranged from their family, friends, and religious community. Unable to engage in certain activities, and finding themselves focused on more immediate concerns, many who are sick feel their pain magnified by the lack of connection they have with those around them. The Talmud, in *Nedarim* 39b, states that whoever visits a sick person takes away one-sixtieth of his suffering. Just by showing up and being present we can lessen the loneliness of those whose suffering is already so great. In both Jewish and Christian tradition[46] we find this notion of carrying each other's burdens. "Shared pain is no longer paralyzing but mobilizing...When we become aware that we do not have to escape our pains, but that we can mobilize them into a common search for life, those very pains are transformed from expressions of despair into signs of hope."[47] At the same time, we must be cognizant of the fact that the presence of a rabbi or chaplain in a hospital room or by a bedside does, for some people, instill fear and a belief that death is imminent. While this perception may be based on no immediate fault of our own, the notion that a rabbi only comes to visit when someone is dying is clearly a challenge to all of us as clergy to make ourselves available to others in an empathetic and compassionate way not only in

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[45] Wiesel, Somewhere a Master (1982), p. 94. In Pastoral Care and the Jewish Tradition. By Rabbi Robert L. Katz. New York, NY: The Free Press of Glencoe, 1985, p. 95.
[46] Galatians 6:2: "Carry each other's burdens, and in this way you will fulfill the law of Christ." The Holy Bible: New International Version. Grand Rapids, MI: Zondervan and the International Bible Society, 1984.
[47] Nouwen, Henri. The Wounded Healer. New York, NY: Doubleday, 1979, pp. 92-93.

moments of crisis. The practice of *bikur cholim* in specific, and of providing pastoral care in general, as a display of human caring, is a *mitzvah* which we are responsible for practicing continuously.[48]

This task that we have set out for ourselves as Jewish pastoral care givers, facilitating connections both horizontally (between people) and vertically (between people and God), echoes throughout Christianity as well.

> Traditionally, the church's task has been divided into four functions—*kerygma* (proclaiming the good news of God's love), *didache* (teaching), *koinonia* (the establishing of a caring community with a vertical dimension), and *diakonia* (the expression of the good news in loving service). Although pastoral care and counseling are primarily an expression of *diakonia*, the ministry of service, they also are means of communicating the gospel, teaching life-enabling truth, and establishing *koinonia*.[49]

In Jewish tradition, it is said that when people gather together to study and to do God's work, the Divine presence rests among them. Such is the responsibility of all of us as Jews—to bring God's presence into our relationships so that He may reside with us in our connections with one another.

> When pastoral caregivers or chaplains are functioning in their professional roles, all interactions with others need to be done with *kavannah*. Even when rabbis, cantors, or other pastoral caregivers engage in what might appear to be small talk at an *Oneg Shabbat* or in a hospital waiting room, they need to do so with *kavannah*, with the sacred intention of establishing empathetic connections, discerning where the other person is, listening with attention and focus, and thereby building a trusting relationship.[50]

Such trust is established through a process of sharing and listening in an open and active way, and it is here as well that we, as rabbis, can provide people with a model for such genuine encounters. As pastoral caregivers, in order to be with others in their suffering, we must first recognize our own woundedness and our own journey through the ups and

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[48] Schur, Rabbi Tsvi G. Illness and Crisis: Coping the Jewish Way. New York, NY: National Conference of Synagogue Youth/Union of Orthodox Jewish Congregations of America, 1987, pp. 61-62.
[49] Clinebell, Howard. Basic Types of Pastoral Care and Counseling. Nashville, TN: Abingdon Press, 1984, p. 66.
[50] Breitman, Barbara Eve. "Foundations of Jewish Pastoral Care: Skills and Techniques." In Jewish Pastoral Care, 2nd Edition. Edited by Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 104.

downs of life. We must remember our own sufferings, not in an attempt to completely understand where the other is coming from, for that is an impossible task, but so that we may remember that we, too, have spent time in the wilderness, that we, too, have found ourselves in need of spiritual and emotional healing at times. "The great illusion of leadership is to think that man can be led out of the desert by someone who has never been there. Our lives are filled with examples which tell us that leadership asks for understanding and that understanding requires sharing."[51] Such is the theme throughout the biblical, rabbinic, and Chasidic texts that have come down to us today. Our historical leaders and rabbis all experienced their share of suffering and misfortune, they all had human faults and failings, and it was those human qualities and experiences that allowed them to become the teachers and guides that they were, and that allow us to connect so easily with them, seeing our own lives in their journeys. In order to meet people in their place, we must be able to ascertain where they are and what is needed. What more genuine way to be able to do so than with the knowledge that we, too, have traversed similar ground in one way or another.

> The Messiah, the [*talmudic*] story tells us, is sitting among the poor, binding his wounds one at a time, waiting for the moment when he will be needed. So it is too with the minister. Since it is his task to make visible the first vestiges of liberation for others, he must bind his own wounds carefully in anticipation of the moment when he will be needed. He is called to be the wounded healer, the one who must look after his own wounds but at the same time be prepared to heal the wounds of others.[52]

Such pastoral work is a *mitzvah*, the place where Divine will and human action meet, for there cannot be a more sacred time to enter the life of another than when he/she is in need

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[51] Nouwen, Henri. The Wounded Healer. New York, NY: Doubleday, 1979, p. 72.
[52] Nouwen, Henri. The Wounded Healer. New York, NY: Doubleday, 1979, p. 82.

of support and comfort. "When one has the courage to enter where life is experienced as most unique and most private, one touches the soul of the community."[53]

[53] Ibid., 73.

Chapter Two: The *Mitzvah* of *Bikur Cholim* and Our Role as Pastoral Caregivers

Having now seen the origins of pastoral care and the images of the pastoral caregiver in both Judaism and Christianity, we now move into looking at how such care is reflected within Jewish tradition in regards to the importance of offering holistic treatment (care of body and soul) and the commandment to visit the sick. The fundamental elements of Jewish pastoral care have grown out of this three-fold *mitzvah* of *bikur cholim*, and the rabbi's and chaplain's role of providing a ministry of presence and in helping others to find meaning in their situation will be the focus of this chapter.

Throughout the millennia, there has been much debate within various religious traditions as to whether the body can and/or should be seen as separate from the soul. Influenced by Greek and Christian thought, early Jewish philosophers like Philo and Maimonides shared the belief that while the body was animalistic, the soul was divine. In the Bible and throughout rabbinic tradition, however, the soul, while at times seen as separable from the body, was not understood to be superior. This is one of the main reasons why Judaism does not endorse the notion of afflicting one's physical body or of abstaining from God-given worldly pleasures. The body and soul are seen as two parts of an integrated whole[54] and, thus, inflicting suffering upon one has consequences for both. Healing, it was therefore believed, could not be attained solely through prescribed medicines and physical treatments, but also by reexamining one's beliefs and attitudes. For it was not simply the body that was affected by illness or disease; the impact was also felt on the level of the soul and affected one's religious and spiritual well-being.

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[54] Dorff, Elliot N. Matters of Life and Death: A Jewish Approach to Modern Medical Ethics. Philadelphia, PA: Jewish Publication Society, 2003, pp. 21-24.

> Since biblical times, Jewish clergy—whether priest, rabbi, rebbe, or sage—have helped to care for the sick. Until this century, the community believed in the Sage's ability to comfort and help the ill and in the Sage's great spiritual power to look inside individuals and diagnose their illnesses, whether mortal or moral. What we would call medical knowledge was part of a Sage's tool kit. The Sages understood that the realms of body, emotion, intellect, and spirit were all linked together and that pain and illness in one could result in sickness in the others. Therefore, the Sages endeavored to care for people by helping them in all four of these "worlds."[55]

In this day and age, however, with scientific advances in medicine and technology, physical "curing" has become the goal, and the illness or disease has become the focus. The notion of the patient as a whole person and the holistic response that once characterized the healing process has been greatly diminished. As clergy and pastoral caregivers, it is our sacred responsibility to be available, willing, and able to discuss and work through religious beliefs, spiritual challenges, and emotional issues that affect care. As religious teachers and spiritual guides, we are also in a position to work with medical staff in order to promote a model of holistic treatment and healing. May we pray as Maimonides did: "May I never forget that the patient is a fellow creature in pain. May I never consider him merely a vessel of disease."[56]

The *mitzvah* of *bikur cholim*, while literally translated as a commandment to "visit the sick," has an implied multidimensional meaning that goes well beyond paying a visit to a person who is sick or concentrating solely on his/her illness. According to *halakha*, *bikur cholim* has three components—to ascertain what the sick person needs, to uplift his/her spirits, and to ensure that people will pray for his/her recovery. We find the majority of the general and specific rules governing the when, why, and how of visiting the sick in Tractate *Nedarim* (39-40). There, the *Gemara* cites a ruling that visiting the sick is a *mitzvah* that has no limit. The three *halakhic* ideas that have come from that

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[55] Freeman, David and Judith Z. Abrams, ed. Illness and Health in the Jewish Tradition. Philadelphia, PA: Jewish Publication Society, 1999, p. 176.
[56] Ibid., 128.

ruling are, (1) that there is no limit to the reward that Heaven will bestow upon someone who visits the sick, (2) that there is no limit to the disparity between the status of the visitor and the status of the sick person. Thus, even a great person must visit a lesser person who is ill, and (3) that there is no limit to how often one should visit the sick, even one hundred times a day, as long as one does not inconvenience the sick person.

This notion of a *mitzvah* without limit originally comes from both *Mishnah Pe'ah* 1:1 and the *Gemara* for *Shabbat* 127a in which we find a discussion of the commandments "without measure," whose reward in the world to come is supposedly similarly without measure. The *mitzvah* of *bikur cholim* is specifically mentioned among these obligations. For these *mitzvot*, the Torah does not give us any sort of guidance as to how much we are supposed to give or do. While other *mitzvot* have time and quantity requirements associated with them (saying the *Shema* twice a day, for example), commandments like *bikur cholim* are especially valuable because they have no restrictions or boundaries, and our obligation to perform them is ever-present. "The idea behind visiting one who is sick is the essence of *chesed*, giving of ourselves to someone else."[57] There is no limit set for a *mitzvah* that encompasses this type of caring. That being said, we must make certain that when we engage in the *mitzvah* of *bikur cholim*, we do so in a way that not only benefits the person with whom we are visiting, but which also fulfills the three-fold obligation of the commandment, including the element of prayer. Returning to Tractate *Nedarim* 39-40, we find Rav Shisha's teaching that we should not visit a sick person in the first three hours of the day or during the last three hours of the day. In the first case, those who are sick may be looking and feeling better, and so we may think that we do not need to pray for their health and well-being. In the second case, because illness usually

[57] "Eylu Devarim." http://www.eisheschayil.com/private/tefillah/eyludevarim.htm.

becomes more intense later in the day, it might seem to us that the situation is hopeless and, thus, we will refrain from offering prayer. The *Yerushalmi* (*Pe'ah* 3:9) expands on this notion of properly timing one's visit by teaching that a person should not visit someone who has taken ill until the third day of his illness, so that the visitor will not worry the sick person unnecessarily regarding the gravity of his situation. If, however, a person is a relative or a close friend, or if a serious illness fell suddenly upon the sick person and there is concern that he might die soon, it is permitted to visit right away. The notion of putting the needs of the sick person above all else when going to visit is also apparent by the warning given in the *Shulchan Arukh*, a Jewish law code from the Sixteenth Century, stating that a visitor should not spend time with those who are suffering from intestinal disorders, speech problems, eye problems, or mental disturbances when the visit is likely to prove difficult or embarrassing for the patient. It is better, in those cases, to say hello and inquire about the patient's needs from a distance.[58]

> Tradition teaches us that even when someone is too sick to visit face-to-face, we should stand outside the door to hear the sounds of suffering (*Shulchan Aruch* 335:8). Understanding what the patient is experiencing is critical. If the person visited desires to talk about the illness or any other concerns, the visitor should listen carefully. If, however, the patient is too ill to speak, the visitor should sit quietly with the person and try to imagine his or her suffering. This is an opportunity truly to "be present" with the patient.[59]

As mentioned previously, it is believed that whoever visits a sick person takes away one-sixtieth of his suffering. While this cannot restore people to perfect health or cure their infirmity, as each visitor takes away one-sixtieth of what his predecessor left, each visit does make a difference, whether one stays for a few minutes or a few hours. Not only is the sick person reminded of the care and concern that others have for him/her, but the

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[58] Caro, Joseph. Shulchan Arukh. *Yoreh De'ah* 335.
[59] Handler, Jane and Kim Hetherington with Rabbi Stuart L. Kelman. Give Me Your Hand: Traditional and Practical Guidance for Visiting the Sick. Berkeley, CA: Congregation Netivot Shalom, 1997, p. 19.

visitors will also keep him/her in thought and prayer, helping the healing process on an emotional and spiritual level. The teaching is a reminder that healing is not solely dependent upon doctors and medicine, but is more holistic in nature. It consists of a partnership between the one who is ill, the medical staff, the visitors offering their presence and support, and God, the ultimate Healer. Back in Talmud *Bavli*, Tractate *Nedarim* 40a, we are taught that, in fact, the Divine presence rests above the bed of a sick person. Thus, any visitor who is in the room with a sick person should sit on the floor, and not on the bed. "The visitor must reflect and not obscure God's presence when attending to the person who is ill."[60]

Responding to the obligation of *bikur cholim* set out in the Talmud, Maimonides, in *Sefer ha'Mitzvot*, understands it to be an aspect of two different *mitzvot*.[61] Knowing that numerous *mitzvot* were derived from Exodus 18:20, Maimonides sought to provide an accurate counting of each *mitzvah* within Jewish tradition. He did so by attempting to distinguish the various components of the commandments (including that of visiting the sick, although he ended up rejecting the notion that the *mitzvah* of *bikur cholim* should count as two separate commandments). On the one hand, *bikur cholim* falls under the *mitzvah* of emulating God's attributes (as discussed in chapter 1). On the other hand, Maimonides also cites the *mitzvah* of loving your fellow man as yourself, which would include the obligations of *gemilut chasadim* (acts of loving-kindness) under which *bikur cholim* falls. There is a significant difference between these two *mitzvot*, for one (loving one's fellow man) is clearly a *mitzvah bein Adam la'chaveiro* (a *mitzvah* that takes place between men), while the other (emulating God's attributes) is a *mitzvah bein Adam*

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[60] Flam, Rabbi Nancy. "The Jewish Way of Healing." In The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 19.
[61] Maimonides, Moses. Introduction to Sefer ha'Mitzvot and Mishneh Torah, *Hilchot Evel* 14:1, 4-6.

la'Makom (a *mitzvah* that occurs in the relationship between man and God). For *mitzvot* dealing with the relationship between a man and his fellow, a person is not required to sustain personal loss, and yet, for *mitzvot* dealing with the relationship between a man and God, personal loss and discomfort is not a reason to refrain from performing one's obligation. However we choose to look at the *mitzvah* of *bikur cholim*, it becomes clear that often what we "give up" in making pastoral care visits is not just our time and energy, but something much deeper. To be with someone in their sorrow and suffering, to sit with those who are sick and dying, causes us to confront these realities of human life, even if it has not been our own personal experience. We give up the comfort of standing at a distance from the pain and distress of a fellow human being. However, if we did not make such visits, we would also be giving up the opportunity for learning and growth that comes from standing in the wilderness of life with another person; an experience that has much to teach us if we are willing to open ourselves to it.

> People who provide the most comfort to others serve from a stance of altruistic self-interest. This paradoxical phrase implies that those who serve do so not just to "help the unfortunates" or "give something back," but also because they recognize that in helping others they learn about themselves and have an opportunity to grow. They know that comforting a mourner may remind them of their own unfinished grief issues or that visiting a sick person might expose their own fears of vulnerability...They know, as well, that confronting these issues in the company of others will make them deeper, stronger people, more able to serve others and more at peace with what it means to be human.[62]

Part of being human is that we are always at risk of falling ill. From the biblical period on, we find suggestions and mandates for how we are to treat our bodies so as to prevent ourselves from getting sick. Following God's commandments was seen as one source of protection when illness and disease were attributed to Divine punishment for rebellious behavior. The rabbis viewed the body as the vessel that allowed us to be able to perform the physical *mitzvot*, and, as such, needed to be cared for. The body, after all,

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[62] Brener, Rabbi Anne. "Looking Up To See Angels: Parshat Vayera." http://www.thejewishjournal.com.

was ours simply on loan from God, and it was our job to protect and look after God's property. According to Hillel, bathing was a commandment[63] (a preventative strategy against illness), and Maimonides, centuries later, included directives for good health in his code of law, considering them just as obligatory as other positive duties.[64] Tractate *Shabbat* 32a in the Babylonian Talmud informs us that people should always seek mercy so that they do not fall ill, and if one does become sick, he should present his merit to exempt himself, as if getting sick was a kind of sign and/or a time of heightened judgment. Yet, we also find that times of sickness were occasions for a unique relationship with God—one of closeness and favor, as when God visited Abraham following his circumcision just to see how he was doing. By going to visit sick members of the community, visitors not only emulate God's actions, but also include themselves along with those who are sick by offering prayer and connecting with them. While at first this might sound like a dangerous situation for the visitor, especially if illness is a sign of Divine judgment, throughout our Jewish sources we find that a community tends to be judged more leniently than an individual.[65] There seems to be a paradox here, though. On the one hand, being sick means being in a state of heightened judgment, yet on the other hand, it can also mean a time of Divine favor and closeness. Perhaps we are to understand these two concepts as not opposed to one another but, rather, in some sense, connected to each other. Times of illness can, indeed, cause us and those around us to re-examine our lives and our way of living. While such personal scrutiny may be

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[63] Leviticus Rabbah 34:3. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.
[64] Maimonides, Moses. Mishneh Torah. *Laws of Ethics (De'ot)*, chapters. 3-5. In Matters of Life and Death. By Elliot N. Dorff. Philadelphia, PA: Jewish Publication Society, 2003, p. 15.
[65] Meir, Rabbi Asher. "Meaning in Mitzvot: Visiting the Sick." http://www.ou.org/torah/tt/5762/vayera62/specialfeatures_mitzvot.htm.

difficult and painful at times, we can rely on the teaching that this is also a time when God is very close by.

It is here, in the realm of spiritual healing, where the rabbi and chaplain can be of the most help. The pain of illness and impending death can shatter worlds and break hearts, but with gentleness and compassion, clergy can step into a role that other professional staff on the medical team cannot. "When scientific medicine came of age, hospital chaplains were more likely to be treated patronizingly by the medical community....The clergy were to make way for the real healers...Many rabbis felt personally marginalized in such hospital pastoral situations"[66] But as people are once again realizing that complete healing involves more than curing a specific ailment, the numbers of those who are choosing to receive spiritual care during their time in hospital or hospice facilities has risen sharply.[67] "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. Cure may occur without healing, and healing without cure."[68] Oftentimes, people feel more comfortable speaking with a clergyperson or chaplain to talk about issues related to their emotional and spiritual well-being, instead of sharing that information with, and posing certain questions of ultimate meaning to, physicians and nurses. While being able to help people find a sense of peace with their situation and answer for themselves the questions weighing on their mind is the ideal, it does not always happen. This does not, however, mean that the pastoral caregiver has failed in his/her role. Rather, as one hospice

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[66] Karff, Rabbi Samuel E. "Healing of Body Healing of Spirit," *CCAR Journal* (Summer, 2004): 87.
[67] Vitello, Paul. "Hospital Chaplains Take Up Bedside Counseling." *New York Times*. October 28, 2008.
[68] Flam, Rabbi Nancy. "The Jewish Way of Healing." In The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 17.

chaplain put it: "We are there to be there. That is the point. It is my job to stay [even] when there is no answer."[69] As people re-examine their lives in the light of their present condition, we, by our presence as pastoral caregivers, have the ability to remind them not only of the fact that they were created in the image of God and are thus unique, special, and needed, but also that God is nearby, even if understanding just how God is moving in their lives is difficult at the present time.

> Pastoral care is a search for the Divine in the circumstances of our lives. Its aim is for the patient/client to find meaning and purpose in his/her situation and for the care giver to find meaning and purpose in his/her profession. They are in fact the same objectives. What separates the client from the pastoral care giver is not the goal of their respective searches but their immediate circumstances. The pastoral encounter, therefore, is a meeting between two people on the same search but with dissimilar viewpoints. Each possesses a different piece of the treasure map. The pastoral encounter is an opportunity for both to share experiences and gain wisdom.[70]

Just as the Talmud teaches in regards to the *mitzvah* of *bikur cholim*, the role of the pastoral caregiver is to ascertain what the needs are of the patients with whom he/she is visiting. Often, this is done through patient-centered conversation which allows the pastoral caregiver to assess the religious, spiritual, and sociological/psychological resources available to the person and how he/she is influenced by, and makes use of them. Fitting in well with the description of human life as the "Living Human Document" given by Anton Boison (a pioneering figure in hospital chaplaincy and Clinical Pastoral Education), Rabbi Dayle Friedman offers a way to better understand the person we are caring for based on Rabbi Moses deLeon's hermeneutical method of textual analysis used in the *Zohar*—the *PaRDeS* method. The first level is the *peshat*, what we give and receive as we relate with, and encounter, the other on the surface. The second level is *remez* (hint), and the information taken in at this level is largely intuitive as we pay attention to feelings, emotion, and "body messages." The third level is *derash*

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[69] Vitello, Paul. "Hospital Chaplains Take Up Bedside Counseling." *New York Times*. October 28, 2008.
[70] Eron, Lewis John. "A Jewish Theology of Pastoral Care," *The Reconstructionist* (Spring, 1999): 38.

(the level of meaning) which entails actively listening to the other person's story so that we can uncover the larger themes and meanings that come up. The fourth and final level is that of *sod* (mystery), when we feel connected to the other at the level of the soul without being able to fully explain how such connection occurred. At this level, the listener is listening for the still small voice of God and is able to convey an understanding of the other's deep suffering.[71]

The rabbi and hospital chaplain engaged in pastoral care, will also be called upon to use his/her prophetic voice when ministering to the needs of patients, congregants, families, and fellow staff members. It is not only in advocating on behalf of those for whom we are caring that this will be an important tool for us to engage, but also when we are helping others move toward healing and wholeness from a place of brokenness and shattered vision. In Exodus 32:19 we read of Moses throwing the tablets on which were written God's commandments to the ground in a fit of anger, outraged over the people's construction of the Golden Calf. While the Torah continues with Moses ascending the mountain a second time to carve a new set of tablets, the *Midrash* questions what happened to the shattered pieces of the first set and answers that they were collected and put in the ark right next to the second set, as a reminder, one would assume, not only of what had happened, but of what the people had learned in the process. So, too, can we, as pastoral caregivers, help those we serve to pick up the broken pieces of their shattered lives, their shattered dreams, their shattered hopes, not so they can forget the painful experience, but so they can move on from it. Finding a sense of meaning and God's presence in their situation (although answers and explanations may be hard to come by),

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[71] Friedman, Rabbi Dayle A., ed. Jewish Pastoral Care, 2nd Edition. Woodstock, VT: Jewish Lights Publishing, 2005, pp. 44-50.

the broken pieces can then serve as a testament to the journey they have traveled and to the courage and strength they have found. "The struggle to find healing is more than just an attempt to recapture our former selves, but also a vision of ourselves, even if only for a brief moment, where the broken or fragmented parts have come together to form a new fuller whole."[72] The Jewish mystical tradition of Lurianic *Kabbalah* also speaks of shattered vessels, each concealing a Divine spark beneath. "The work of *tikkun*, or healing, in the mystical tradition, has to do with finding and revealing the Divine sparks of light that lie scattered throughout creation and are hidden in the most unlikely of places, including pain itself."[73] This premise does not assert that God causes illness or suffering, but rather that God is present in it. It is that promise that we as rabbis and chaplains can make—that God is there, and that we are there to help uncover the Divine sparks waiting to be revealed on an otherwise dark and painful road. Suffering may not be wanted or warranted, but when it is present, we can stand with others in their pain and offer glimpses of hope, light, and connection with the God who is referred to in Psalms as the "Healer of broken hearts."[74]

It is imperative that the medical team recognize the importance of the rabbi's and chaplain's role in assisting in the healing process of patients. At times of crisis, such cooperative teamwork can prove invaluable. Patient-centered care requires us to begin to work together so that we may best meet the broad range of needs of those who come to our institutions to be cured and healed. At these moments, and at times when a cure no longer seems possible, patients and families often have a deep desire to know that

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[72] Mark, Naomi. "A Perspective on Jewish Healing." In The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 39.
[73] Frankel, Estelle. Sacred Therapy. Boston, MA: Shambhala, 2003, p. 236.
[74] Psalm 147:3. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.

someone truly cares about them and what they are going through, not solely on a physical level, but spiritually and emotionally as well. When healing is no longer synonymous with curing, it can begin to be understood as "the transcendence of illness, of body and/or spirit, through the affirmative response to the blessing of life and the acknowledgment of the gift of living...it is healing as the worked-for and worked-through path from despair to affirmation, and from denial to acceptance."[75] It is here, too, that the prophetic voice of the pastoral caregiver can be heard—making certain that the wishes of the patient and family are heard and respected by the other members of the medical team, advocating for clear communication, and providing spiritual and religious resources along the path towards healing. It is not only the patient and family to whom the pastoral caregiver can be of help. We can also be a supportive presence for the other staff who may, at times, find themselves in need of an empathetic and compassionate listener. When ethical issues arise, when the science of medicine that they have devoted themselves to can no longer be of help to a patient, and when they find themselves grieving the loss of a patient with whom they connected in their own role as caregivers, our ability to empathize and reach out to them can be of vital importance. Such a ministry of presence is part of our sacred responsibility.

> Clergy have a unique role to play in an individual's struggle with life-threatening illness. That role might be compared to a candle. A candle can help illuminate an experience, provide a path in the darkness, and give courage to explore. Clergy at their best can provide that light. That light can accompany individuals as they negotiate a sometimes treacherous and scary path. The journey is still dark, but the light can make it less terrifying.[76]

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[75] Hirsh, Rabbi Richard. "Reflections on 'Healing' in Contemporary Liberal Judaism." In The Mitzvah of Healing. Edited by Rabbi Hara E. Person. New York, NY: URJ Press, 2003, p. 26.
[76] "Self Care for Clergy." In Clergy End-of-Life Education Program Handbook, Section VII. Odyssey HealthCare, 2008, p. 6.

That being said, we must also remember that we are not on our own when it comes to caring for others, and we must be cognizant of our own limits, both personally and professionally. Taking time to nourish our own souls is necessary if we hope to spend our lives helping others nourish theirs. We also need to take care of our own physical and emotional health and well-being, knowing that we, too, are susceptible to illness, burn-out, and the wide spectrum of emotions that come up daily in doing such work. Our tradition teaches us "*Da lifnei mi atah omed*"[77] (Know before Whom you stand) and offers us a reminder that we only have so much to give. Keeping in mind that we are partners with God can be of comfort when the work seems overwhelming in terms of quantity and quality. In the words of Rabbi Tarfon: "It is not your responsibility to finish the work, but you are not free to desist from it either."[78] There are also times when we, as pastoral caregivers, will also need care ourselves—a colleague to process with, a supervisor to help us work through a difficult situation, or another professional with whom we can do our own grief work. "In the following story, a rabbi learns that the ability to relieve the pain of another does not necessarily mean he is able to deal with his own distress. In fact, when healers need healing, they must acknowledge their own dependence on others:"[79]

> R. Johanan had the misfortune to suffer from gallstones for three and a half years. Once, R. Hanina went to visit him. He said to him: "How do you feel?" He replied: "My sufferings are worse than I can bear." He said to him: "Don't speak so, but say 'The faithful God.'" When the pain was very great he used to say "Faithful God," and when the pain was greater than he could bear, R. Hanina used to go to him and utter an incantation which gave him relief. Subsequently R. Hanina fell ill, and R. Johanan went to see him. He said to him: "How do you feel?" He replied: "How grievous are my sufferings!" He said to him: "But surely the reward for them is also great!" He replied: "Why do you not utter that incantation which you pronounced over me and which gave

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[77] Babylonian Talmud. *Berachot* 28b.
[78] Pirkei Avot 2:16. Jewish Virtual Library. "Ethics of the Fathers/Pirkei Avot." http://www.jewishvirtuallibrary.org/jsource/Judaism/pirkei_avot.html.
[79] Katz, Rabbi Robert L. Pastoral Care and the Jewish Tradition. New York, NY: The Free Press of Glencoe, 1985, p. 62.

> me relief?" He replied: "When I was out of trouble I could be a surety for others, but now that I am myself in trouble do I not require another to be a surety for me?"[80]

It is this process of self-care that can serve to remind us of our own humanness, vulnerability, and connectedness with those to whom we minister. For we, ourselves, are not above or unaffected by suffering and pain, our own or that of those for whom we care. Being in touch with that in ourselves allows us to relate on an even deeper level to patients and congregants, those in need not only of our services as pastoral caregivers, but also of our common humanity. Clergy and chaplains are *klei kodesh*, holy vessels who work in the service of God, providing light to illuminate darkness, and offering compassion and empathy to those we encounter. As such, we also must allow God to work through us as we recognize daily the myriad ways in which we can be God's hands on earth. Discerning the deepest needs of others through conversation, intuition, and being in genuine relationship with them, pastoral caregivers can truly make a significant difference in the lives they touch "simply" by offering their ministry of presence.

> It is told that the Kobriner Rebbe visited the Slonimer Rebbe and asked him, "Have your teachers left any writings as a heritage?" "Yes," replied the Slonimer. "Are they printed or are they still in manuscript?" asked the Kobriner. "Neither," replied the Slonimer. "They are inscribed in the hearts of their disciples." True Pastoral [Caregivers], understanding their complete role, can truly leave their message, not just by being teachers, through writings or sermons, but by their actions as individuals who have chosen an awesome field—a messenger of God bringing comfort in time of need.[81]

As clergy and pastoral caregivers, we are called upon to use the resources of our own religious tradition in an effort to offer comfort and to provide care. The third aspect of the *mitzvah* of *bikur cholim* reminds us of this: praying for the person in need of healing and ensuring that others will do the same. Without the act of prayer at the bedside of the patient or as part of the visiting rabbi's own private prayers, Jewish

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[80] Midrash Shir HaShirim 2:35. In Pastoral Care and the Jewish Tradition. By Rabbi Robert L. Katz. New York, NY: The Free Press of Glencoe, 1985, 63.

[81] Schur, Rabbi Tsvi G. Illness and Crisis: Coping the Jewish Way. New York, NY: National Conference of Synagogue Youth/Union of Orthodox Jewish Congregations of America, 1987, p. 22.

tradition maintains that the obligation to "visit the sick" has not been fulfilled in its entirety.[82]

> When Rabbi Dimi came [from Palestine], he said: He who visits the sick causes him to live, while he who does not causes him to die. How does he cause this?...He who visits the sick prays that he may live,...[while] he who does not visit the sick prays neither that he may live nor die.[83]

The importance of prayer in the pastoral encounter became the basis for much of the rabbinic tradition's rulings on what *bikur cholim* encompasses. The fear is that if we do not go to visit or do not do so at the right time, we will not pray for the one who is suffering and in pain. The obligation to pray is also linked to the knowledge that illness and suffering are often isolating experiences for people. Both are times when people are in desperate need of connection, not only with members of their community, but they may also be more open to connecting to God's presence in their lives as well. The traditional and formulaic prayers that are said with/for someone who is in need of healing and wholeness address this aspect of the human and divine relationship. In the Talmud and the codes, we find the prayer: *HaMakom ye'rahem aleikha betokh holei Yisrael* (May the All-Present have mercy on you among the sick of Israel),[84] and the *Mi Shebeirach* prayer (composed in the early Middle Ages) focuses on both the community as well as on the individual. Such prayers for healing, recited not only in the private space of one's home or hospital room, but also in the synagogue, lend the weight of the community to the individual's prayer for healing, comfort, and mercy. Those who suffer are not alone,

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[82] Isserles, Moses. Gloss on Shulchan Arukh, *Yoreh De'ah* 335:4. In Give Me Your Hand: Traditional and Practical Guidelines for Visiting the Sick. By Jane Handler and Kim Hetherington with Rabbi Stuart L. Kelman. Berkeley, CA: Congregation Netivot Shalom, 1997, p. 23.

[83] Babylonian Talmud, *Nedarim* 39b-40a. In Matters of Life and Death: A Jewish Approach to Modern Medical Ethics. By Elliot N. Dorff. Philadelphia, PA: Jewish Publication Society, 2003, p. 257.

[84] Babylonian Talmud, *Shabbat* 12b; Shulchan Arukh, *Yoreh De'ah* 335:6. In Give Me Your Hand: Traditional and Practical Guidelines for Visiting the Sick. By Jane Handler and Kim Hetherington with Rabbi Stuart L. Kelman. Berkeley, CA: Congregation Netivot Shalom, 1997, p. 24.

and these prayers can serve to remind them that others are likewise experiencing physical and emotional pain and difficulty, and that others are also thinking of them and pleading with God on their behalf. Using the individual's name is also part of Jewish tradition in regards to offering prayers for healing. In so doing, we acknowledge the person's unique experience and such prayer may allow the person to feel as if God is being addressed specifically for him/her.[85] By cultivating a life of prayer, or in moments when one wishes to reach out through prayer, Judaism teaches us that we can connect to God.

Praying with others or for oneself does not have to be done in Hebrew and it does not have to come from a prayerbook. "Hebrew and/or the vernacular may be used in the presence of the patient; presumably the visitor should base the decision on his or her own abilities and the knowledge and sensitivities of the patient. In the synagogue, though, Jewish law states that the prayer for healing should be done in Hebrew."[86] However, "whether in the words of traditional liturgy, through spontaneous outbursts of emotion, or in silence, prayer can be used to harness pained voices, to clarify direction, to affirm values, and to enable connection with the Holy."[87] We, as Jews, have a tendency to leave custom-made, personalized intercessory prayer to our Christian colleagues, believing that it has no place or basis within Jewish tradition. We could not be more wrong. The Hebrew Bible includes many examples of such informal, individualized, and spur-of-the-moment type prayers, seeking God's mercy and intervention. In Exodus 12:13, we have the prayer of Judaism's greatest prophet as an example. With his sister Miriam stricken

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[85] Taylor, Rabbi Bonita E. "The Power of Custom-Made Prayers." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 154.
[86] Shulchan Arukh, *Yoreh De'ah* 335:5. In Matters of Life and Death. By Elliot N. Dorff. Philadelphia, PA: Jewish Publication Society, 2003, p. 260.
[87] Brener, Anne. "Prayer and Presence." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 126.

with scales and suffering both physically and emotionally from such infirmity, Moses cries out to God and prays: "Please God, heal her now." While we may choose to use the prayers that have been passed down to us throughout the generations, we would do well to keep in mind that "prayers are not restricted to the words in a *Siddur* (prayerbook) written by sages long ago. Jewish tradition teaches that the heart's cry to God is the highest form of all prayer."[88]

Through praying with someone who is suffering, we acknowledge and lift up to God the needs of the person, and we bring to God's attention that person's plight. It is a lived-out example of the power of empathy as we as pastoral caregivers bear witness to the physical and/or emotional struggle of another. Through prayer, we engage in a conversation of sorts, not solely with a congregant or patient, but also with what is eternal and infinite, the ultimate source of healing, God. We may not have full control over the illness and misfortune that occur in our lives, but we must keep in mind that how we choose to respond to our suffering *is* within our power to control. Prayer challenges us to find meaning in suffering and offers us the opportunity to transcend it.

> By cultivating a life of *tefilah*, we create the opportunity to experience intimately the soul within us...When the forces of life rip us out of a sense of meaning and purpose, of optimism and empowerment, prayer can help us open to the vast resources within us that *know*, that *can* cope, that *do* have wisdom and potency by virtue of their *essential* connection to the forces of healing and eternity that breathe through all of us...We lean into the Eternal in our midst, and the harshness of a temporal experience of fragility, precariousness, and suffering is averted, softened, and transformed.[89]

As mentioned earlier, those in the midst of suffering and pain often have a difficult time seeing beyond their immediate situation. Prayer allows us to connect with something

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[88] Zohar, *Vayigash* 2.168b. In "The Power of Custom-Made Prayers." By Rabbi Bonita Taylor. In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 151.

[89] Klotz, Rabbi Myriam. "Wresting Blessings: A Pastoral Response to Suffering." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p.18.

greater than ourselves and to gain a broader perspective in regards to the circumstances at hand. Prayer allows us to live in the mystery, trusting that we are gently held in God's hand even in the midst of life's uncertainty.

> By helping those who suffer to reach beyond the limits of their understanding, the pastoral caregiver helps to reframe the definition of what healing might look like. This opens the one who suffers to an unknown picture of the world. Prayer is a step into this unknown and a surrender to the possibility that life is much larger than might have been imagined.[90]

Prayer brings a spiritual and religious dimension to our pastoral care visits. It reminds us that we are not on our own and that God cares about us. It can restore hope, strength, and courage, even when the focus of our prayers changes from "curing" to "healing," for we can, indeed, heal into death. Even when a person's condition is terminal, we can still pray for healing—that the person and his/her family will experience comfort, relief from pain, and a sense of support. The final confession (the *viddui*) offers a powerful affirmation of the traditional view that healing can come at any point, even in the final moments before death when the prayer is to be recited. It "acknowledges the imperfections of the dying person and seeks a final reconciliation with God. Unlike the better known Catholic ritual, reciting the *viddui* has nothing to do with insuring the soul's place in the 'world to come.' Nor does [its recitation], in any way, tempt fate."[91] While the confession is meant to be said when death seems imminent, there is not the fear within Judaism that offering confession too early will cause a premature death. Like with any prayer meant to connect a person with community and with God, *viddui* is not something that should be forced upon someone, and in its formal recitation, space can be offered between each section for adding in the words of one's own heart directed not only

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[90] Brener, Anne. "Prayer and Presence." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 131.
[91] MyJewishLearning.com, "Viddui: The Deathbed Confession." http://www.myjewishlearning.com/lifecycle/Death/Dying/viddui_Confession.htm.

to God, but to loved ones. The notion inherent in the prayer is that: "I pray that God will heal me, but if not, then please accept my final confession."[92] In offering prayer, we ask for what we desire (such as a healing of mind, body, and spirit), but we also prepare ourselves for the possibility that we will not receive that for which we have asked. "Prayer has been called a 'life support.' It 'can bring about an emotional release and the regrouping of energies needed to face a crisis... Prayer is a life-uplifting plea and a powerful statement of one's deepest values and concerns. [But] we do not expect that prayer will act as an autonomous force guaranteeing recovery.'"[93] This theological idea regarding the efficacy of prayer and God's ability and power to heal and cure often comes to the forefront during times of illness when one is suffering. As pastoral caregivers, we frequently visit with people whose concept of God makes it difficult for them to pray or to feel God's presence in their current situation. We can do our best to represent the face of God to them and to walk in God's ways by extending compassion, grace, and support, and we can also help them explore their theology, but it is not our role or within our power to convince them one way or the other regarding the power of prayer.

> Caregiver and sufferer can be reassured in remembering that prayer is contingent neither on receiving an answer nor on faith that an answer will come. It does not even require a clear picture of what the answer to a prayer may look like; acknowledging a need and reaching out are enough. Prayer exists in the struggle to burst open the self and to enter a larger world that holds more possibility than the world from which healing is sought, but it is not the responsibility of the caregiver to make that transition happen.[94]

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[92] Handler, Jane and Kim Hetherington with Rabbi Stuart L. Kelman. Give Me Your Hand: Traditional and Practical Guidance for Visiting the Sick. Berkeley, CA: Congregation Netivot Shalom, 1997, p. 24.
[93] Waldman, Nahum. "Bikkur Holim." In *Celebration and Renewal*, ed. Rela Geffen. Philadelphia, PA: Jewish Publication Society, 1993. In Give Me Your Hand: Traditional and Practical Guidance for Visiting the Sick. By Jane Handler and Kim Hetherington with Rabbi Stuart L. Kelman. Berkeley, CA: Congregation Netivot Shalom, 1997, p. 25.
[94] Brener, Anne. "Prayer and Presence." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 127.

Even if we who are offering the prayer do not believe that prayer can change God's mind or cause God to act in a way He would not otherwise, praying with/for people can have a very positive and powerful effect, as we share with God their struggle and pain as we have heard it from them. This demonstration of care and concern affirms not only that we have been listening as they have shared their story with us, but that God is listening too. While some patients and/or congregants feel comfortable enough to offer their own prayers for healing during our visit with them, often "we serve as the conduit for the individual's prayers. [At such times,] it is not about saying the perfect words, and it is not about us!"[95] The meaning of the Hebrew word "to pray" *lehitpalel* also indicates an examination and judgment of the condition of one's life and soul. Before we can offer prayer, we must come to an understanding of where the person is emotionally and spiritually, we must ascertain their needs, and we must find the appropriate language with which to lift up to God, and give voice to, the cries and desires of the person's soul. "This task is particularly daunting for pastoral caregivers as they struggle to speak words of faith to those for whom such words are a foreign language. The art, for the pastoral caregiver, lies in knowing when to speak God's name and when to let God's name remain silent."[96] In so doing, we make certain that we are meeting the patients' needs instead of our own and that our prayer affirms the beliefs and values which they hold sacred.

The effectiveness and spiritual/religious power of a prayerful encounter with a congregant or patient begins before we even enter the room and can last far beyond the moment when we step out to leave. "Each pastoral encounter can be considered as an act

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[95] Taylor, Rabbi Bonita E. "The Power of Custom-Made Prayers." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 158.
[96] Brener, Anne. "Prayer and Presence." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 128.

of prayer."[97] Bringing God's presence into the encounter through conversation and/or prayer reminds all involved of the added dimension of holiness that encompasses what is taking place in the space of the room. The calling forth or acknowledgment of God's presence can offer comfort and support to the individual and to his/her family, and it also allows us as pastoral caregivers to recognize our human limitations and lift up the rest to God, the ultimate Healer and ever-present Source of compassion and mercy. Through the prayers we offer by the bedside of the sick and dying, we can also give guidance, share insights, and reframe the situation as we attempt to help the patient/family find a sense of meaning in their experience. The words we offer are not heard solely by God, but also by the people with whom we are praying, and may be used for reflection by the patient/family after the visit as well. This extends the influence of our visit and prayer and offers a more sustaining sense of comfort that does not simply end when the visit does. "When a caregiver offers to pray for a person after leaving that person's side, the encounter and the concern intrinsic to it is extended beyond its boundaries in time. This act imparts a message of genuine caring that can be a potent agent of healing."[98]

We as pastoral caregivers can also benefit from the power of prayer. Taking a few moments before entering the hospital room, home, or office, we can center ourselves and draw strength from our own relationship with God. In such a demanding job that often has us going from one visit or meeting to another, it is important that we make time to nourish ourselves spiritually, knowing that, at times, we too need to connect to the Divine resources of comfort, support, and compassion. To care for others we must also care for ourselves, and one way to do this is by cultivating our own prayer-life which can

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[97] Ibid., 144.
[98] Ibid.

sustain and strengthen us when we find ourselves struggling. Modern author and theologian, Rabbi Harold Kushner, wrote the following: "We worship God not because He will make our path smooth, but because He gives us the grace and determination to keep walking even when the path is rocky. God's promise is not that He will keep us from stumbling but that His hand will be there to help us get up again, no matter how often we stumble."[99] It is that message which we can offer to those with whom we visit, even when hope for a "cure" is no longer a possibility. And it is that message which can offer us as pastoral caregivers a sense of comfort as we go about fulfilling the *mitzvah* of *bikur cholim*, knowing that we do not do such sacred work alone.

At a time, and in a world, so focused as we are on scientific discovery and medical advances, we cannot afford to lose sight of the importance of offering holistic care to those who seek treatment for illness or disease. Our rabbis and sages understood this connection between mind, body, and soul when it came to the healing process, and the *mitzvah* of *bikur cholim* ensured that people were provided with such care. Central to this practice of visiting the sick according to Jewish tradition were: ascertaining the needs of the person with whom one was visiting, lifting his/her spirits, and offering prayer. In so doing, it was believed that it would help the person retain his/her connection with the community, with his/her own internal resources of strength and hope, and with God. While the commandment to visit the sick is not obligatory solely for ordained or invested congregational clergy, much of the work has fallen to them and they, along with trained hospital chaplains seek to integrate the spiritual and religious dimension of healing into the medical culture so often focused exclusively on "curing." Accompanying others as they journey through illness is a sacred responsibility, and one which requires the

[99] Kushner, Rabbi Harold. Who Needs God. New York, NY: Simon and Schuster Inc., 1989, p. 44.

rabbi/chaplain to be with those who are suffering and in pain and to help them find a sense of meaning in their circumstances and a sense of God's presence in their lives. Julian of Norwich, who is considered to be one of the greatest English Christian mystics, once wrote: "If there be anywhere on earth [where] a lover of God is always kept safe from falling, I know nothing of it, for it was not shown me. But this was shown: that in falling and rising again we are always kept in the same precious love."[100] It is this "precious love" which we as clergy and pastoral caregivers can help people tap into even when life seems unfair or even unbearable. It is this love which transcends suffering even when it cannot relieve it, which diminishes the feeling of isolation, and which reminds people that there is something bigger than the pain clouding their vision at the present moment which allows for hope. As pastoral caregivers, we listen as people share their stories with us of "what was," we risk exploring with them "what could be," and we stand bravely with them as they experience "what is." It is, indeed, a *mitzvah* without limit whose reward, too, is without limit, not only on a general scale, but also on a very personal level.

[100] "Quotes: God." http://www.cs.arizona.edu/~kece/personal/quotes.html.

Chapter Three: Bridging the Gap Between Medicine and Religion in End-of-Life Care

From the very beginning of life, Jewish tradition teaches that we are created *b'tzelem Elohim*,[101] in the image of God, and that we have the spirit and breath of God within us.[102] Similarly, our physical bodies are "on loan" from God, Who has given them to us for use in our lifetime, only to have them returned to Him at the time of death. "Man's life is not his property, but the property of the Holy One, blessed be He."[103] This being the case, it is our obligation to care for our bodies to the best of our ability, as they are God's "property," not ours. Recent advances in medical care and technology have greatly increased our capacity to protect and preserve the well-being of our physical bodies, often allowing people to live much longer and with a higher quality of life than in generations past. However, such scientific progress has also made decision-making surrounding end-of-life issues far from simple as new medical capabilities affect the treatment and care we are able to provide to those who have terminal illnesses or life threatening conditions. Chief among these concerns is the fact that although we are commanded to sustain life, we are not required to prolong the dying process. In looking at treatments such as artificial nutrition and hydration, and the usage of ventilators and other life-support equipment, the boundary lines become blurred as we seek to decide when it is that the commandment of *pikuach nefesh* (the saving of a life, which trumps all other *mitzvot*) ceases to require us to continue aggressive medical treatment, and allows us to shift towards making the dying process as comfortable and dignified as possible.

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[101] Genesis 1:27. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.
[102] Genesis 2:7. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.
[103] Radvaz. *Hilkhot Sanhedrin* 18:6. In the "Survey of Recent Halakhic Periodical Literature: Treatment of the Terminally Ill." By J. David Bleich. In *Tradition* 30:3, Rabbinical Council of America, (1996): 54.

As Rabbi Elliot Dorff, a bio-ethicist from the Conservative Jewish tradition, writes: "The fact that we *can* do something does not necessarily mean that we should."[104]

With new moral and bio-ethical issues coming to the forefront, it has become imperative for science and religion to work together to address the needs of patients, families, and those in the medical professions, for these issues and decisions are not simply or solely medical or physical, but can have religious and spiritual ramifications as well. These religious and ethical considerations and dilemmas have, indeed, created a space to be filled by chaplains who can assist not only the patient and family in making difficult decisions based on their (the patient's and family's) beliefs and values, but also the entire medical team as they endeavor to promote health and to relieve physical suffering. While congregational clergy come to the hospital to visit their congregants when needed, chaplains are the "spiritual professionals" in the hospital environment, as it is there where they concentrate their ministry and are often available 24/7 to patients, family, and staff. "Standing between the medical technology and the patient, on holy ground,"[105] the chaplain is not only in a position to provide spiritual accompaniment, but to facilitate dialogue when necessary, to serve as an advocate for holistic care, and to be a resource when a religious perspective may prove helpful. In the routine of the hospital environment it is often easy to forget that "matters of ultimate concern...[and] questions of lasting spiritual significance are at stake."[106] Chaplains help create "'sacred space' within the hospital, space in which it can be openly acknowledged that holy things are

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[104] Dorff, Elliot N. Matters of Life and Death: A Jewish Approach to Modern Medical Ethics. Philadelphia, PA: Jewish Publication Society, 2003, p. 168.
[105] Silberman, Rabbi Jeffery M. "Jewish Spiritual Care in the Acute Care Hospital." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 241.
[106] Mohrmann, Margaret E. "Ethical Grounding for a Profession of Hospital Chaplaincy," *The Hastings Center Report: Can We Measure Good Chaplaincy?* Vol. 38, No. 6. (November-December, 2008): 7.

happening, things that are 'set apart'—the fundamental meaning of 'holy'—things that matter spiritually to everyone involved."[107] Whether patients and staff are dealing with the day-to-day routine or at times when life and death seem to hang in the balance, hospital chaplains can frame the experience in sacred terms, as they strive to provide spiritual and emotional care to everyone involved and affected.

Drawing upon the knowledge, texts, and values found within our Jewish tradition, and seeing ourselves in a covenantal relationship with God, we find guidance to make decisions regarding end-of-life treatment and care when the questions are relatively new and the answers do not seem clear. In Jewish communities where religious practice is firmly rooted in traditional understandings of *halakha* (Jewish law), the *posek*, or legal scholar, decides the appropriate meaning and application of the law in cases where previous authorities were inconclusive.[108] In more liberal Jewish communities, responsa committees and/or formal arguments between rabbis and/or scholars help to determine how *halakha* can be applied to specific situations, but insist that "*halakha* should have a vote, not a veto."[109] While we may choose to turn to traditional texts and legal rulings for advice and guidance, respect for personal autonomy and the idea of choice through knowledge remains strong. Although Judaism places supreme value on the sanctity inherent in every moment of life, our tradition allows for, and even mandates the removal of impediments to the dying process, and also acknowledges that there are times when, having done all we can do to preserve life, we must respect the person's wishes and turn our focus from cure to care.

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[107] Ibid., 8.
[108] Wikipedia. "Posek." http://en.wikipedia.org/wiki/Poskim.
[109] Kaplan, Mordecai. In The Jews of The United States, 1654-2000. By Hasia R. Diner. Berkeley, CA: University of California Press, 2004, p. 254.

This chapter will begin with an explanation of how Judaism (in its modern form based on ancient tradition) confronts radically new situations in the arena of bioethics, and how it functions alongside science and medicine to assure that patients receive the treatment and care they need, including relief from suffering, while also asserting that human life is infinitely precious and should not, for any reason, be terminated prematurely. The second part of the chapter will highlight the debate between when aggressive medical treatment should be continued and when palliative care/comfort care is, perhaps, the best option, remembering that just as there is a time to be born, there is also a time to die.[110] In this section, special attention will be paid to biblical and rabbinic sources which deal with the issue of sustaining life versus prolonging death and how we can find guidance in those texts to inform our own decision-making when it comes to life-support treatments and artificial nutrition and hydration. It is not the intention of this thesis to provide a comprehensive analysis of the *halakhic* issues that are present in regards to end-of-life healthcare. However, it is important that the major debates are laid out in an accessible way here so we may better understand not only the questions that patients and congregants may ask, but how our tradition speaks to these issues as well. It is, after all, at this intersection of medicine and religion where the pastoral caregiver in a hospital setting stands with others on what can, indeed, be holy ground. Lastly, this chapter will deal with issues surrounding death and dying, focusing as well on the role of advanced care planning (advance directives) in communicating our wishes to our family members or healthcare proxy regarding the medical treatment, or lack thereof, that we would want provided. It is not the purpose of this chapter to delve into the *halakha* and rabbinic tradition regarding mourning. Rather, it will show how *halakha* is relevant in

[110] Ecclesiastes 3:2. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.

modern end-of-life care discussions, why it is important that rabbis and chaplains are knowledgeable about what our tradition teaches in regards to such treatment options, and how they can offer comfort and support at these most difficult times.

Jewish theologian Abraham Joshua Heschel once wrote, "It takes three things to attain a sense of significant being: God, a soul, and a moment. And the three are always here. Just to be is a blessing. Just to live is holy."[111] In recent years, much has been presented and written about the importance our society places on the quality of one's life. Many remember the Terri Schiavo case (lasting from 1998 until 2005) in which Michael Schiavo successfully fought to have his wife, who was diagnosed as being in a persistent vegetative state following a period of malnourishment, removed from life-support systems. Terri's parents, however, opposed Michael's efforts to have the feeding tube removed, arguing that Terri was conscious. Going back further to the 1970s, there was the famous bioethical case of Karen Ann Quinlan who lapsed into a persistent vegetative state after supposedly consuming a combination of medicine and alcohol. While Quinlan's parents wished to have active care stopped in order to let their daughter die following several months on a ventilator during which she made no improvement, the hospital refused. Though the legal battle ended in her parents' favor, Quinlan lived nearly ten more years following her removal from active life support. These legal cases were not only fought and debated in the courts, but in the newspapers, through the media, among ethicists, and on the streets as many (both insiders and observers to the actual events) offered their opinions on the two women's quality of life and if/when we can decide to terminate human life. Whenever we enter into such conversations, we must be

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[111] Heschel, Abraham Joshua. The Insecurity of Freedom: Essays on Human Existence. New York, NY: Farrar, Straus, and Giroux, 1963, p. 84.

cognizant of the fact that we are applying our human measuring sticks to specific situations in order to assess the value and worthwhileness of another's existence. Our determination reflects our own beliefs about what life should be like and our own limited understanding of what makes life worth living. "The Jewish tradition [however]...calls upon us to evaluate life from God's perspective. That means that the value of life does not depend on the level of one's abilities; it derives from the image of God embedded in us."[112] Judaism places ultimate value on saving and preserving life, and does not differentiate based on quality standards. "To save one life is tantamount to saving a whole world."[113] Because of this dictum, the Talmud goes on to assert that the *mitzvah* of *pikuach nefesh*, of saving a life, overrides all other commandments (save for the "negative" *mitzvot* prohibiting adultery, idolatry, and murder). The Talmud finds an antecedent to this notion in Torah: "You shall keep My laws and My rules, by the pursuit of which man shall live."[114] Thus, we are to observe God's laws at all times except when the possibility of us endangering our lives or another's life through doing so is present. If we are allowed to forego the observance of a religious commandment in order to preserve life, how much the more so must we refrain from making choices that might bring death upon ourselves or to others.

There are, however, two ends of the spectrum on this debate. On one side we have the vitalists and *halakhic* formalists, those who believe that human life is "endowed with a value that far surpasses virtually all other values."[115] Therefore, they would argue

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[112] Dorff, Elliot N. Matters of Life and Death: A Jewish Approach to Modern Medical Ethics. Philadelphia, PA: Jewish Publication Society, 2003, p.187.
[113] Sanhedrin 37a. In Biomedical Ethics and Jewish Law. By Fred Rosner. Jersey City, NJ: Ktav Publishing House, 2001, p. 223.
[114] Leviticus 18:5. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.
[115] Bleich, J. David. "Survey of Recent Halakhic Periodical Literature: Palliation of Pain," *Tradition* 36:1, Rabbinical Council of America, (2002): 97.

that life must be maintained until the time when God wishes to reclaim it regardless of whether the quality of that life is what we would wish it to be. "The life of man may be reclaimed only by the Author of life. So long as man is yet endowed with a spark of life—as defined by God's eternal law—man dare not presume to hasten death, no matter how hopeless or meaningless continued existence may appear to be in the eye of a mortal perceiver."[116] On the opposite end are those who place a higher degree of emphasis on personal autonomy, understanding that humans live in a covenantal relationship with God, which makes them partners not only in the work of creation and *tikkun olam* (the repairing of the world), but also in decision-making regarding end-of-life care. This perspective provides individuals with more freedom to ask questions and make choices, hopefully basing action upon knowledge and an understanding of tradition, but ultimately having control to decide at what point one's quality of life is no longer sufficient to make living worthwhile.

> Jewish medical ethics must involve a dialectic in which both God and humanity play an active role. This means that one must search out the tradition for those precedents relevant to the making of an ethical decision. Not to do so would provide an unwarranted break with a huge dimension of the tradition and would deny Jews the continuity and wisdom such precedents have to offer. However, this theory also affirms that since human beings are created in the image of God, then they share in God's power. Human life and human wisdom, seen from this perspective, are reflections of the power of God. Such an approach, as the covenantal ethicists perceive it, does not usurp the power of God. Rather, it reflects the innate dignity inherent in both God and God's creation. In short, human autonomy—the ability of individual persons to make and to act on their own ethical decisions—derives from the freedom that God has given persons.[117]

The bioethical issues facing us as rabbis and chaplains in our work with people in end-of-life situations are the same as those faced by secular bio-ethicists. However, the recourses available to us from our sacred literature, and from centuries of *halakhic*

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[116] Bleich, J. David. "Survey of Recent Halakhic Periodical Literature: Treatment of the Terminally Ill," *Tradition* 30:3, Rabbinical Council of America, (1996): 53.

[117] Ellenson, Rabbi David. "How to Draw Guidance from a Heritage: Jewish Approaches to Mortal Choices." In The Ethics of Choice: A Time To Be Born and a Time to Die. Edited by Barry S. Kogan. New York, NY: Aldine De Gruyter, 1991, p. 229.

discourse, provide us with a solid foundation from which to understand the importance placed on sustaining life and human dignity within Judaism. It then becomes our responsibility to work through how that should be made manifest in the decisions we make and in the care that we provide.

Although Torah, Talmud, and later codes of Jewish law may not have anticipated the current medical technologies that we are fortunate to have at our disposal, nevertheless, they contain guiding principles from which we can infer what the opinion of our tradition would have been if it were to have been presented with today's modern medical advances and their impact on end-of-life care. That is not to say that general principles must always be followed in specific cases. "Although Judaism certainly cherishes human life, it does *not* mandate the duty to preserve all human life under all circumstances at all costs."[118] While we will deal with specific situations that challenge our understanding of how to apply Jewish legal and textual precedents to modern bio-ethical dilemmas later in the chapter, it is incumbent upon us as pastoral caregivers to keep in mind that the person we are caring for is not a problem to be solved nor a condition to be fixed, but rather a human being in whom the spark of the Divine shines forth. Therefore, our fundamental ethic must be to promote the "dignity and sanctity of human life and the preservation of that human life in dignity and sanctity."[119] Appealing to our tradition in order to help frame end-of-life decision-making within a religious context does, indeed, lend it credence and infuses it with meaning, but in the words of Rabbi Solomon B. Freehof: "The law is authoritative enough to influence us, but not so

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[118] Dorff, Elliot N. Matters of Life and Death: A Jewish Approach to Modern Medical Ethics. Philadelphia, PA: Jewish Publication Society, 2003, p. 409.
[119] Address, Richard F. A Time to Prepare. New York, NY: URJ Press, 2002, p. 37.

completely as to control us. The rabbinic law is our guidance but not our governance...Our concern is more with the people than with the legal system."[120] While striving to understand our texts and *halakhic* tradition in the historical context in which they are situated, we must also attempt to draw from them the policies and precedents that can provide direction in contemporary medical situations in which "moral" or "right" action is difficult to determine. All the while we are obligated to keep in mind the humanity of the person before us, for it is not law but life which is of ultimate value.

That being said, one of the main issues around which questions arise is in regards to the Jewish view towards the palliation of pain. Although we do find support for the obligation to seek and provide relief from pain in Torah, Talmud, and Jewish law codes, it is rather indirect and, at times, quite obscure, leaving us to the difficult and morally challenging task of applying the precedents from the texts to our modern day situations. In Psalm 145, we find the statement that "God's mercy is upon all His creatures."[121] As part of our obligation to emulate the ways of God, we, too, must show compassion and mercy to others at all times, doing what we can to alleviate their pain and suffering as best we can. As stated earlier in this thesis, Judaism does not view suffering and/or bodily affliction as desirable or meritorious, nor are we to deny ourselves reasonable enjoyment of the pleasures that God has put on this earth for us. In the *Gemara*, there is a debate which arises over whether or not an individual who decides to become a *Nazarite* is to be regarded as a holy person or as a transgressor due to his choice to forego

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[120] Freehof, Rabbi Solomon B. In Jewish Religious Law: A Progressive Perspective. By John D. Rayner. New York, NY: Berghahn Books, 1998, p. 39.
[121] Psalm 145:9. In Bleich, J. David. "Survey of Recent Halakhic Periodical Literature: Palliation of Pain" *Tradition* 36:1, Rabbinical Council of America, (2002): 94.

grapes and wine. Even those who believe that the *Nazarite* is not necessarily a transgressor concede that if his choice of lifestyle leads to severe distress, he most certainly is.[122] If such a person is a transgressor solely because he abstains from drinking wine (and, therefore, not partaking of the pleasures of the world), so, too, would a person be considered a transgressor for choosing to continue living in a state of pain rather than seeking to find relief.[123] "As Jews, we attain holiness not by enduring pain but rather by using all of our faculties, including our bodily energies, to perform God's commandments."[124]

If we are suffering from physical pain, it is thought that we will not be able to devote our full attention and energy to engaging in the *mitzvot*. Just as we are commanded to receive medical treatment when we are ill or injured, so too must we try to alleviate physical pain when possible. In his article on the palliation of pain,[125] J. David Bleich presents three traditional texts that offer support for the belief that we are commanded to do what we can to relieve pain. The Jewish philosopher, Maimonides, writing in the 12th Century, attributed the physician's right to practice medicine and to help patients return to a state of health to the biblical verse in Deuteronomy (22:2) "And you shall restore it to him."[126] Just as we must watch over another's property and protect it from loss or damage when we are put in charge of it, and just as we are to return a lost item to its rightful owner, so too must we be exceedingly watchful over our lives and the

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[122] Gemara, *Ta'anit* 11a. In "Survey of Recent Halakhic Periodical Literature: Palliation of Pain," by J. David Bleich. In *Tradition* 36:1, Rabbinical Council of America, (2002): 93.
[123] Bleich, J. David. "Survey of Recent Halakhic Periodical Literature: Palliation of Pain," *Tradition* 36:1, Rabbinical Council of America, (2002): 93.
[124] Dorff, Elliot N. Matters of Life and Death: A Jewish Approach to Modern Medical Ethics. Philadelphia, PA: Jewish Publication Society, 2003, p. 25.
[125] Bleich, J. David. "Survey of Recent Halakhic Periodical Literature: Palliation of Pain," *Tradition* 36:1, Rabbinical Council of America, (2002).
[126] Ibid., 90.

lives of others (Deut. 4:15)[127] which, as we have seen, do not belong to us, but are rather the property of God. Nachmanides, writing a century later, attributed the authority bestowed upon doctors to the commandment in Leviticus 19:18, "and you shall love your neighbor as yourself."[128] It is incumbent upon us to offer others the same quality of treatment we would seek for ourselves and alleviate their pain and suffering to the extent that we would hope our own would be. And, Radvaz (Rabbi David ibn Zimra), living in the Sixteenth Century, focused on our obligation to help those who are in distress and weighed down by heavy burdens, which he found support for in the command to "not stand idly while your neighbor bleeds" in Leviticus 19:16.[129] Therefore, it does not seem farfetched to assert that we have the obligation to alleviate pain when it is present, but such treatment becomes complicated when it interferes or conflicts with other values which we, as Jews, hold to be sacred, namely *pikuach nefesh.*

The palliation of pain through medicine or medical treatment, even in routine procedures, always comes with at least a modicum of risk to a patient's health and well-being. Though physicians and nursing staff do their best to provide a reasonable level of comfort to those for whom they are caring, doing so may, at times, unintentionally shorten the lifespan of the person they are trying to help. While Judaism places tremendous value on the sanctity of every moment of life, our tradition also recognizes the need to prevent needless pain and unnecessary suffering. "To state that preservation of life is a cardinal value is not to declare that life must be preserved in any and all circumstances."[130] Rather, we must take into account the benefits and burdens of a

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[127] Ibid., 104.
[128] Ibid., 90.
[129] Ibid., 91.
[130] Ibid., 97.

specific treatment plan, recognizing that the palliation of pain sometimes requires us to assume some risk to our own overall health. For those with terminal conditions, with diseases/illnesses that can no longer be cured or controlled and that will unavoidably culminate in death, there is even more support surrounding the issue of risk-taking in order to experience relief from pain. As it has been argued that mental and emotional anguish (*tiruf ha-da'at*), along with physical suffering can hasten death,[131] relief of pain is surely warranted when not alleviating it could pose a significant risk and danger in and of itself to one's life. In the *Shulchan Arukh*, we find a ruling regarding the bloodletting of a father by his son. While causing an injury to one's parent resulting in bleeding would normally be considered to be a capital crime, Rema, in *Yoreh De'ah,* rules:

> The son may engage in bloodletting or a surgical procedure "if there is no other [physician] there to perform [the procedure] and the father is in pain." The implication of Rema's comment is, even if the procedure will have no effect upon the course of the underlying disease or malady, the son may nevertheless engage in an otherwise forbidden act of "wounding" simply in order to relieve the father's pain.[132]

While our modern hospitals and medical institutions focus their attention primarily on training doctors to "cure," instilling within them a fight to the death attitude toward illness and disease, similar to those going off to do battle with an enemy, Jewish tradition has maintained that individuals have the right to a comfortable and dignified death. Although we are commanded to watch over and safeguard our health, there does come a time when the burden of doing so becomes onerous and somewhat prohibitive, when suffering becomes so extreme that death is the only way to gain relief from pain. Realizing this, we now shift our focus from the palliation of pain to a discussion of death and the dying process within Jewish tradition.

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[131] Bleich, J. David. Judaism and Healing: Halakhic Perspectives. Jersey City, NJ: Ktav Publishing House, 2002, p. 30.

[132] Shulchan Arukh. *Yoreh De'ah* 241:3. In "Survey of Recent Halakhic Periodical Literature: Palliation of Pain." By J. David Bleich. In *Tradition* 36:1, Rabbinical Council of America, (2002): 94.

While death may, in fact, be welcomed in cases of extreme suffering and when pain can no longer be tolerated, Judaism takes a strong stance against active euthanasia, the intentional and purposeful killing of another person. Although we cannot do anything that would hasten our own death or the death of another, Judaism does, in some circumstances allow for acts of omission, *shev ve'al ta'aseh*, the sitting back and doing nothing so that nature can take its course. Again, while we are obligated to sustain life, our tradition does not require us to prolong the dying process. This is evidenced in the following story from Talmud:

> On the day when Rabbi (Judah) died, the rabbis decreed a public fast and offered prayers for heavenly mercy. They, furthermore, announced that whoever said that Rabbi was dead would be stabbed with a sword. Rabbi's handmaid ascended the roof and prayed: "The immortals desire Rabbi to join them and the mortals desire Rabbi to remain with them; may it be the will of God that the mortals may overpower the immortals." When, however, she saw how often he resorted to the privy, painfully taking off his *tefillin* and putting them on again, she prayed: "May it be the will of God that the immortals may overpower the mortals." As the rabbis continued their prayers for heavenly mercy, she took up a jar and threw it down from the roof to the ground. At that moment they ceased praying and the soul of Rabbi departed to its eternal rest.[133]

Due to the fact that no punishment was ever meted out to the rabbi's handmaid for her actions, what she had the courage to do has come to be seen as meritorious and compassionate, worthy of honor and praise in the text. In the last moments of life or in the final stages of disease, when additional therapies, surgeries, and medical treatments would be unsuccessful at best and counterproductive at worst, we do not have to delay the inevitable. The difference is between "doing to" and "doing for." We are commanded to do everything we can medically *for* another person, but when we continue to employ non-beneficial treatment long past the time when such care may be helpful, we are merely doing things *to* the patient and ultimately prolonging his/her suffering. "The positive outlook on life which governs Judaism prohibits any drastic steps toward death

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[133] *Ketubot* 104a. In Death and Euthenasia in Jewish Law. Edited by Walter Jacob and Moshe Zemer. New York, NY: Berghahn Books, 1995, p. 65.

but it does not insist that life continue when the person is a *goses* (a dying individual for whom death is imminent). At that point a peaceful release is permitted."[134] It is at these times when we must judge as best we can, with tradition as our guide, whether the medical technologies and advancements with which we have been blessed are serving in a therapeutic capacity or are rather hindering the soul's departure.

Although, according to the technological imperative, if hospitals have the means to assist a patient and keep a patient alive, they should do it, Judaism allows for the removal of impediments to the dying process for a *goses* so long as no positive action is taken to hasten death.

> The *halakhah* supports the withdrawal of medical treatment under some circumstances from terminal patients. The classic source for the discussion of this issue is the comment of R. Moshe Isserles in *Shulchan Arukh Yoreh De`ah* 339:1. Drawing upon material from the 13th-century *Sefer Chasidim*, Isserles rules that while it is forbidden to take any measure that would hasten the death of the *goses* (*e.g.*, by moving him or by moving the pillow or mattress from beneath him), "if there exists any factor which prevents the soul from departing, such as the sound of a woodcutter near the house or salt on the patient's tongue...it is permitted to remove that factor..."[135]

Maimonides compares the *goses* to a "flickering flame, which is extinguished as soon as one touches it."[136] To do anything that would accelerate the dying process is forbidden; to remove obstacles to the dying process is not only permitted, but also viewed as compassionate. Judaism demands that we do what we can to cure illness and disease and to restore one's health, but there are times when the technology and medicines available to us cease to function efficaciously. When this occurs, and they become nothing more than external factors holding the soul captive, we may remove the impediments, just as we would stop the woodcutter and remove salt from one's tongue if they were simply

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[134] Central Conference of American Rabbis Responsa. "Living Will." #156. 1989. http://ccarnet.org/documentsandpositions/responsa.
[135] Central Conference of American Rabbis Responsa. "On the Treatment of the Terminally Ill." 5754:14. http://ccarnet.org/documentsandpositions/responsa.
[136] *Mishneh Torah* (Book of Judges, "Laws of Mourning," 4:5). In "Euthenasia as a Halakhic Option." By Rabbi Byron L. Sherwin. *Journal of Psychology and Judaism*, Vol. 18, No. 4, (Winter, 1994): 303.

delaying the dying process. "We are not required under any reading of the tradition that makes sense to us to buy additional moments of life by undertaking useless and pointless medical treatment."[137] Another story from Talmud helps to frame this issue:

> In the case of Rabbi Hanina ben Teradyon, the Romans placed him in the fire for execution but covered his chest with woolen sponges drenched in water. This was to keep him alive longer while the fires burned and thus to prolong his agony. His disciples pleaded with him to overcome this evil decree by opening his mouth wide so that he might be asphyxiated by the smoke, and die more quickly and be spared the pain. He refused, says the Talmud, on the grounds that that would constitute suicide. "Only He who gave life can take it away; I may not do it myself," he replied to his disciples. "Well, then," the executioner himself, who took pity on him, offered, "let me remove these moistened sponges from around your heart." "That," he answered, "is permissible." In the first case, the suggestion was one of hastening death by one's own action. That he could not allow. In the second, it was a case of removing an impediment, artificially supplied, that delayed the expected process of dying. Removing a hindrance to natural death is permitted. The executioner did so, and Rabbi Hanina's agony ended. When the executioner himself died, the Talmud reports, he "went straight to heaven" for this act of exquisite mercy, implying, of course, that the act was not only permissible but meritorious.[138]

While our biblical and rabbinic texts do not speak the medical language of respirators, ventilators, and artificial hydration and nutrition, we can draw knowledge from these sources in regards to how we should proceed in making modern day bio-ethical decisions regarding end-of-life care, to which we will turn our attention now.

As human beings, we can only use our best judgment and the knowledge currently available to us to make these difficult decisions regarding medical care. We, of course, do so with the intention of offering/receiving the most effective and beneficial medical treatments possible, but also with the sacred responsibility of evaluating all relevant aspects of the situation in order to determine when the compassionate course of action would be to take none. "If withholding a treatment *causes* a death to occur more quickly, it would be forbidden; if it *allows* a death to occur more quickly, it would be

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[137] Central Conference of American Rabbis Responsa. "On the Treatment of the Terminally Ill." 5754:14. http://ccarnet.org/documentsandpositions/responsa.

[138] *Avodah Zarah* 18a. In Health and Medicine in the Jewish Tradition. By David M. Feldman. New York, NY: Crossroad, 1986.

permitted."[139] It seems so clear cut, yet it is only very rarely so. When dealing with life-support technology, it is difficult to discern when it becomes an impediment to the dying process. Ventilators, as our first example, force fresh, oxygenated air into a person's lungs, breathing for the person, who is able, by virtue of the lungs' natural elasticity, to then exhale, expelling the air on his/her own.[140] The classical definition of death is the irreversible cessation of respiration and circulation.[141] In Tractate *Yoma* 85a we find that the Talmud upholds this cardiopulmonary criterion: "When debris falls upon an individual on the Sabbath, and we wish to determine whether he has died, the rabbis ask, 'How far does one examine [to diagnose death if the (victim) appears to be dead to that he does not move his limbs]...' The Talmud (*Yoma* 85a) responds: 'Until his nose [i.e., no respiration]. Some say: Until his heart.'"[142] Bridging religion and science, the Reform responsa committee along with many traditional *halakhic* authorities, also follow the Harvard criteria for determining when brain death has actually occurred and, thus, when we can remove a person from a ventilator. The criteria consist of three tests and a fourth to confirm the first three: (1) Lack of response to external stimuli or to internal reed; (2) absence of movement and breathing as observed by physicians over a period of at least one hour; (3) absence of elicitable reflexes; and a fourth criterion to confirm the other three, (4) a flat or isoelectric electroencephalogram. The Harvard committee group also suggested that this examination be repeated after an interval of 24 hours.[143] Thus, if

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[139] Sharzer, Leonard A. "Artificial Hydration and Nutrition: Revisiting the Dorff and Reisner *Teshuvot*," *Conservative Judaism*, Vol. 53, No. 2. (Winter, 2001): 66.
[140] Schostak, Zev. "Halakhic Parameters for Removing Patients from a Ventilator," *Tradition* 37:2, Rabbinical Council of America, (2003): 44.
[141] Ibid., 43.
[142] Ibid.
[143] "A Definition of Irreversible Coma," *Journal of the American Medical Association*, Vol. 205, Number 6. (August, 1968): 337. In Central Conference of American Rabbis Responsa. "Living Will." #156. 1989. http://ccarnet.org/documentsandpositions/responsa.

a patient has a terminal condition but death is not yet imminent, we are not to do anything that would hasten the onset of death. However, if medical treatment is no longer therapeutic and effective, the patient's situation is futile, and death is about to occur, then we are allowed to disconnect the person from the ventilator. Rabbi Hayyim David Halevi, the late Sephardic Chief Rabbi of Tel Aviv, in his responsa, *Aseh Lekha Rav*, responded similarly when asked for his opinion when it comes to removing a patient with no chance of survival from a ventilator: "In my humble opinion, it appears that is permissible for you—once you have arrived at a clear, unequivocal determination that this patient has no chances of recovery—to disconnect him from the ventilator, and you may do so without any qualms of conscience."[144] When ventilators and respirators can no longer truly preserve or prolong life, but are simply sustaining it artificially, they can (and should) be removed as they would be functioning as obstacles in the soul's struggle to depart from the body.

The debate surrounding artificial nutrition and hydration does not only deal with the issue of sustaining life versus prolonging death, but also with the question of whether such intervention falls under the category of medical treatment or if providing it is simply fulfilling an essential human need. Rabbi and bio-ethicist, Elliot Dorff, wrote a responsum for the Conservative Movement on this topic, highlighting the basic issues and ultimately concluding that if a patient is terminally ill and/or in a persistent vegetative state, both artificial nutrition and hydration could be withheld or withdrawn. His argument was based on three main points: (1) In form and administration, tube feedings are more like medication than like food and water, (2) Placement of whatever

[144] *Aseh Lekha Rav* 29, p. 198-211. In "Halakhic Parameters for Removing Patients from a Ventilator." By Zev Schostak. In *Tradition* 37:2, Rabbinical Council of America, (2003): 49.

device is necessary to administer the nutrition and hydration poses a risk which is of a level that conceivably the patient (or surrogate) would not want to incur, and (3) We should act in the patient's best interest.[145] If artificial nutrition and hydration is seen as medicine, then we can cease supplying it to patients for whom death is imminent just as other treatments and therapies can be stopped when they lose their therapeutic effectiveness. Dorff argues that just as Jews are not allowed to ingest blood but are permitted to receive blood intravenously in the form of a transfusion, so too, nutrition and hydration supplied through a tube functions differently than it would if taken in by mouth. This is a controversial argument, however, as other leading authorities do not agree with Dorff's reasoning, believing that despite the point of entry, nutrition and hydration serve the same role whether eaten by mouth or through a feeding tube. Dorff's second point is also controversial. From the moment we are born, we begin the journey towards death and everything we do has a level of risk involved, especially when we are talking about invasive medical procedures. Jewish tradition prohibits us from doing something that would put our lives in jeopardy, but it also allows us to take necessary risks for the purposes of pain palliation and certain treatment options. While history has shown that supplying nutrition and hydration artificially is relatively safe and can be sustained for a lengthy period of time, an individual would be justified, according to Dorff, in choosing to not be artificially sustained in that way due to the "risk" involved. The argument given in contrast to Dorff's is that while people who are conscious and able to feed themselves may refrain from eating when suffering or incapacitated, they would still feel thirsty and would find it extremely uncomfortable to avoid drinking.

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[145] Sharzer, Leonard A. "Artificial Hydration and Nutrition: Revisiting the Dorff and Reisner *Teshuvot*," *Conservative Judaism*, Vol. 53, No. 2. (Winter, 2001): 61-62.

While this may allow us to remove a feeding tube, we would be hard pressed to argue for the cessation of hydrating a person as well.[146] Reform responsa on the issue is also split. Although we are not obligated to engage a treatment that would be medically useless, prolong the dying process, or increase suffering, if we view artificial nutrition and hydration not as medicinal, but rather as supplying a living human being with food and water, then not doing so would be tantamount to starving a person to death. "In this analysis, artificial nutrition and hydration are not medical treatments, do not lose any 'therapeutic' effectiveness, and therefore may not be withdrawn."[147] It is our obligation to provide every person with every chance for life, but when life is no longer sustainable, we are also obligated to remove hindrances so that death may be peaceful and not prolonged. We do not need to resort to heroic measures or aggressive treatment that may increase pain and suffering in the final period prior to death, but basic care must be maintained. In this way, we continue to affirm the value inherent in every person and the sanctity inherent in every moment of life.

While this thesis has attempted to present the Jewish views regarding end-of-life care and decision-making, ultimately the choices come down to each of us as individuals. Making our own wishes known regarding healthcare is of primary importance so that when the time comes, the decisions we have made regarding the continuation or cessation of treatment can go into effect. In 1990, The Patient Self-Determination Act was passed allowing patients to specify if they want to accept or refuse specific medical care. According to the act, patients can also identify a legal representative for urgent healthcare

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[146] Ibid.

[147] Central Conference of American Rabbis Responsa. "On the Treatment of the Terminally Ill." 5754:14. http://ccarnet.org/documentsandpositions/responsa.

decision purposes. With the passage of PSDA, all hospitals, long term care facilities, home health agencies, hospice programs and HMOs that receive Medicare and Medicaid dollars must recognize a patient's living will and power of attorney for healthcare as advance directives. Advance directives are legal documents that allow a person to plan and make known his/her end-of-life wishes in the event that he/she is unable to communicate. Advance directives consist of (1) a living will describing one's wishes regarding medical care, and (2) a medical power of attorney appointing a proxy to make health care decisions on one's behalf should he/she be unable to speak for himself/herself. In thinking about or filling out one's advance directives, there are five main questions one will need to answer: (1) Who do you want to make health care decisions for you when you cannot make them? (2) What kind of medical treatment do you want or not want? (3) How comfortable do you want to be? (4) How do you want people to treat you? (5) What do you want your loved ones to know?[148] The main courses of treatment for which advance directives may be helpful in offering guidance to family members and physicians are primarily artificial nutrition and hydration, life-support systems such as ventilators and respirators, and cardiopulmonary resuscitation (CPR). Many Jews have long believed that having advance directives goes against Jewish tradition as the documents allow individuals to state what treatment and care they want to receive. This, they believe, runs counter to the notion that we must do everything we can to sustain our lives until death is imminent. As we have seen, though, we are not commanded to preserve life in every circumstance, nor must aggressive treatment always be pursued, and such documents give guidance and advice to one's family when one is

[148] Morrow, Angela. About.com: Palliative Care. "What is Five Wishes?" http://dying.about.com/od/planningahead/f/five_wishes.htm.

unable to make such decisions for himself/herself. According to Judaism, death is a part of life, and, as God's partners in life, we, too, have a measure of autonomy in deciding how we wish to die. "Many Jews have forgotten that, although there is a time to fight, there is also a time to let go. When death is clearly approaching, the fighting attitude can deprive the person and loved ones of using the time remaining in the richest possible way."[149] When the time to "let go" has come, there are several options. In advance directive documents there is a palliative care protocol that, if selected, will keep a person comfortable but will not allow resuscitative measures to be taken. A Do Not Resuscitate (DNR) order with the comfort care protocol does *not* mean Do Not Treat, but rather acknowledges the desire of the person for physical and emotional support and comfort, but not for the prolongation of death. How these orders and protocols are explained to patients and families carry huge weight in terms of the decisions people make about their end-of-life care and the care of their loved ones. Nobody wants to think that their loved one is going to suffer, or suffocate, or be in excruciating pain, and so it is important that as part of the advance directives the concept of "comfort care" is explained thoroughly to the patient/family as a viable option. Completing advance directives forms for ourselves can provide our loved ones with a sense of comfort, knowing what our wishes are and alleviating them of the responsibility of having to make such difficult decisions for us. Doing so does not show a disregard for Jewish tradition. On the contrary, our very tradition maintains that "A man cannot say to the Angel of Death: 'I wish to arrange my

[149] Eilberg, Rabbi Amy. "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 376.

affairs before I die."[150] Therefore, it is incumbent upon us to communicate our wishes and put our affairs in order prior to death being imminent. As Jewish pastoral caregivers, we often visit with people who are facing serious illness and who have not completed advance directives documents. Within the context of our conversations, it is important that we at least gently touch upon the subject of the importance of communicating their wishes to loved ones for how they wish to be cared for. This does not have to be a discussion about death; rather it is one of life—how they wish to live and how they wish to be (medically) treated. As clergy, speaking out of our religious tradition, it is incumbent upon us to be advocates for these documents, helping those within our communities to see their importance and to understand their significance not only in their own lives, but in the lives of those who may be called upon to make difficult decisions for them.

Leading up to this point, this chapter has focused on end-of-life care in regards to medical treatment. Keeping in mind the overarching theme of holistic care and our role as pastoral caregivers in that endeavor, we now turn our attention to the option of hospice care, the spiritual and emotional needs of those who are dying and of those who care for them, and the sacred responsibility of the Jewish hospital chaplain in being with people in these end-of-life situations. At the beginning of this chapter, we looked at the *talmudic* discussion regarding returning lost property to its rightful owner. In Tractate *Sanhedrin* 73a, the Talmud compares restoring another's health with returning a lost item. "Based on this passage, authorities conclude that if the owner chooses to abandon his property and not seek its return, the seriously ill patient, too, may forego the restoration of his

[150] Midrash Devarim Rabbah, 9:3. In Talmudic Anthology: Tales and Teachings of the Rabbis. Edited by Louis Newman. West Orange, NJ: Behrman House Publishing, 1978, p. 87.

health, under certain circumstances."[151] At such times when the goal changes from cure to care, from quantity of days to quality of life, hospice can provide a meaningful option for those seeking such palliative measures. "Hospice (coming from the same linguistic root as hospitality) can be traced back to early Western Civilization when it was used to describe a place of shelter and rest for weary or sick travelers on long journeys."[152] Hospice facilities around the country (both inpatient and home-hospice resources) offer individuals who have progressive illnesses/diseases with six months or less to live the "possibility of healing when the time to fight for cure has passed. With hospice care, the focus shifts from the frantic search for one more treatment to the process of reducing suffering and giving the dying person his or her best chance to live the time remaining in the richest possible way."[153] I would advocate for the fact that as rabbis and Jewish chaplains, we can do our congregants and patients a great service by talking about hospice and assuring them that deciding on hospice care for themselves or for their loved ones is, indeed, a choice deeply rooted within Judaism, one which recognizes that our tradition affirms that there is a time to die and that death can be dignified and as comfortable and peaceful as possible. Our *Mi Shebeirach* prayer, asking for healing of body and spirit, is representative of the goal of hospice.

> Hospice is care for the whole person...Hospice care is offered by a team of care providers who talk to one another, who understand that the parts of the person are interconnected and that the best care is care that recognizes and honors those connections. Hospice is care that is loving, fierce in its determination to alleviate pain, free of ill-timed concerns about addiction or conventional doses of medication. Hospice, at its best, is care that is unafraid of death and pain, aware of the limitations of medical technology, mindful of the power of compassion, and reverent of the mysteries of life and death.[154]

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[151] Schostak, Zev. "Precedents for Hospice and Surrogate Decision-Making in Jewish Law," *Tradition* 34:2, Rabbinical Council of America, (Summer, 2000): 43.
[152] National Hospice and Palliative Care Organization. "What is hospice?" (pamphlet).
[153] Eilberg, Rabbi Amy. "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 392.
[154] Ibid.

It would, indeed, be ideal if, in all acute care hospitals and long term facilities, the medical staff functioned as an interdisciplinary team, focused on a holistic approach to healing and on patient-centered care. Whether or not this is the case at any particular hospital, though, the chaplain can still play an integral role in the treatment plan for patients, serving as a human bridge between the medical technology and those receiving treatment. First and foremost in the chaplain's mind is the pain and suffering of the patient and his/her family, with the goal being to "help patients mobilize and actualize their spiritual resources in such a way that they contribute to their own healing process."[155] The chaplain works with, and walks with, the patient, family, and medical staff throughout the person's stay in the hospital or medical facility, in an effort to provide care that is consistent with the patient's wishes, values, and religious beliefs. It is in this capacity that the chaplain can utilize his/her prophetic voice, not only advocating for the patient/family, but also asking important questions and helping to shed light upon the emotional and spiritual perspectives of the medical care plan for the treatment team. "The fact that the work of health care is shot through with spiritual significance, for recipients and providers alike, needs to be held up to the light daily, spoken of openly, acknowledged, wrestled with, celebrated, and mourned—and this is surely the responsibility of the chaplains."[156] During rounds, as part of hospital ethics committees, and in meeting with interdisciplinary staff members, the chaplain can offer input in regards to spiritual and religious matters that may be affecting treatment and the healing process, share his/her understanding of the patient's family dynamics, socio-, cultural-,

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[155] LaRocca-Pitts, Mark A. "Walking the Wards as a Spiritual Specialist," *Harvard Divinity Bulletin.* http://www.hds.harvard.edu/news/bulletin/articles/larocca-pitts.html.
[156] Mohrmann, Margaret E. "Ethical Grounding for a Profession of Hospital Chaplaincy," *The Hastings Center Report: Can We Measure Good Chaplaincy?* Vol. 38, No. 6. (November-December, 2008): 7.

and economic-background, and support system, and propose various intervention strategies in an effort to promote a more holistic care plan.

> As a member of the interdisciplinary team, the chaplain brings expertise regarding spiritual care. In the subset of Jewish pastoral care, this includes often the relationship between Jewish medical ethics, *halakha*, and spirituality. The primary purpose of including a chaplain/pastoral counselor as an integral member of the interdisciplinary team is to have someone available to recognize and manage the various existential and spiritual issues, which arise often when a patient and family confront a life threatening illness. In order to help ascertain the potential issues patients and families face, the chaplain utilizes one of the many available spiritual assessment tools.[157]

Illness, disease, hospitalization, and end-of-life issues often prompt people to reflect on the meaning of their lives and their hopes for the future. The external symptoms that doctors try to treat often parallel an internal struggle as people attempt to create meaning within their new reality and find renewed purpose for living in a less than ideal condition. At times, it is a sense of acceptance of one's own mortality that must be reached, along with finding the strength and courage to continue to "choose life" and live one's remaining days as fully as possible. The questions that have been raised in this chapter are not solely about the physical body, but weigh on the hearts and in the minds of all who are called upon to make such decisions. Our job is to be an advocate for patients and their families, to facilitate communication between laypeople and the medical professionals who are treating them, and to provide support, comfort, and religious/spiritual accompaniment when needed to all involved with the care and treatment of those who are sick or dying. This is the place of the chaplain; to step into this sacred realm somewhere between life and death, and to be comfortable enough there to sit with people in that space with empathy and care. The chaplain "presides over the

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[157] Kinzbrunner, Rabbi Bryan, and Rabbi Barry Kinzbrunner. "Spiritual Care at the End of Life: The Interaction Between the Physician and Chaplain on the IDT," *Jewish Spiritual Care: The Journal of the National Association of Jewish Chaplains*, Vol. 8, No. 1, (Winter/Spring, 2008): 8.

mystery,"[158] with an ability and willingness to engage in conversation surrounding the holiness of life and the unknown of what lies beyond; or to sit in silence, honoring the journey and story of the other. This is a "ministry of presence." When the body suffers, so too may the soul. We saw a poignant example of this in the *talmudic* story from Tractate *Ketubot* 104, of the death of Rabbi Judah whose soul departs only after his startled disciples momentarily cease from their prayers. The story not only serves as an example in regards to medical ethics in end-of-life cases, but also comes to teach us about the role of the pastoral caregiver. While texts, tradition, and *halakha* may help the patients and families we visit with find comfort in their situation or make difficult medical decisions, sometimes those same resources can also get in the way. Though learned in Torah and well-versed in the wisdom of their rabbi, the disciples in the Talmud were unable to stand with their rabbi in his place and understand what was really needed when he was terminally ill. It took the handmaid to offer that observation and presence. Realizing that the rabbi was suffering and that death was imminent, the handmaid took notice of the situation and advocated on behalf of the rabbi. She prayed that the rabbi's soul would finally be released from his body as nature took its course, and her faith moved her to act on his behalf. While Jewish law may appear on the surface to be unyielding in regards to the commandment to save and preserve life, the rabbis of the *talmudic* period knew how to both find ways around the *halakha* and how to work to clarify it so that its supposed stringencies did not cause additional suffering. So, too, the Jewish chaplain must know when it is appropriate to draw from *halakha*, and when to find a way around it in order to offer support to a patient or family. Our job is not to

[158] Scrivener, The Rev. Canon William E., Senior Director of Pastoral Care at Cincinnati Children's Hospital, ACPE Supervisor. Clinical Pastoral Education Didactic on "Integration." Cincinnati Children's Hospital. June 28, 2007.

make sense of the situation or to determine for the patient and/or family what decision is right and which is wrong, but rather to walk with them on their journey, allowing time for personal reflection and being open to having honest conversations regarding the care and treatment plan for the patient and/or his/her wishes in preparation for death.

> People not only need assurance that they have lived meaningfully, they must die meaningfully as well. People want to die in ways consistent with their own self-identity...Dying appropriately also means dying comprehendingly. It means being able to understand and interpret one's death. If one suffers, it means having a framework to explain suffering.[159]

As religious professionals we can work with the patient, family, and staff members to create a space in which such a framework and sense of meaning can be established, and we can hold that which they share with us in sacred trust, giving them the opportunity to stay in that safe and sacred space for as long as they need. In *Pirkei Avot*, we find the teaching, "Do not judge another until you come to his place."[160] Knowing that we can never, and will never, fully stand in identical positions, or deal with the exact same life-situations as the people we are caring for, we should extend our hand and offer our help, but refrain from judging their circumstances and their responses to them. There may be times when we are called upon to share the wisdom of our tradition, to present the *halakha* surrounding a given question, or to "simply" help patients, families, or staff members understand what it is that Judaism says about a particular bio-ethical issue. While we may do so with a sense of authority bestowed upon us by our profession and by our own commitment to Jewish values and study, it would be beneficial for us to keep in

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[159] "Role of Spiritual Care." In Clergy End-of-Life Education Program Handbook, Section VI. Odyssey HealthCare, 2008, pp. 6-7.

[160] Pirkei Avot 2:4. Illness and Crisis: Coping the Jewish Way. By Rabbi Tsvi G. Schur. New York, NY: National Conference of Synagogue Youth/Union of Orthodox Jewish Congregations of America, 1987, p. 67.

mind that part of our role is not to provide the answers, but also to help people in their struggle with the questions.

Unlike congregational clergy, the chaplain is a part of the hospital care team and has direct access to medical information and to the doctors and nurses taking care of a particular patient. While the congregational rabbi may come into the hospital for short periods of time as part of their pastoral responsibilities, the chaplain is a constant presence around the hospital and readily available whenever needed. "The professional chaplain does not displace local religious leaders, but fills the special requirements involved in intense medical environments."[161] The role that the chaplain can play in end-of-life situations can be extremely positive and formative. When much seems uncertain and unclear, the support and comfort a religious professional can offer can not only allow the other members of the medical team to concentrate on their tasks, but can also be reassuring to the patient, family, and staff. "The Jewish chaplain comes to visit patients and families as a messenger of the institution who has credibility with both institution and community. As a kind of intermediary between hospital and patient, the Jewish chaplain functions as a prophet in facilitating the communications that are often difficult for others to say and to hear."[162] Along with offering a ministry of presence and empathetic listening, the chaplain's role is also to make certain that the patients and their families feel empowered to think about, and make decisions regarding end-of-life care. This is done by making sure that they have received the necessary information from the medical professionals in a way that allows them to understand the available options. Rather than

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[161] VandeCreek, Larry, and Laurel Burton. "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care*, Vol. 55, No. 1, (Spring, 2001): 6.
[162] Silberman, Rabbi Jeffery M. "Jewish Spiritual Care in the Acute Care Hospital." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 240.

focusing solely on the medical aspects, though, the chaplain deals mainly with religious and spiritual beliefs or questions that may be affecting the determination of care and in assisting patients and their families to recognize and draw upon the religious and spiritual resources of their tradition that have provided comfort and support in the past. Having a familiarity with medical terminology and acute-care treatment planning, the hospital chaplain, more so than the congregational rabbi, is able to move comfortably back and forth between the patient and the medical staff not only to provide care to both, but in an effort to ensure that religious and cultural beliefs and values are understood and respected.

> The chaplain accompanies patients and families as they journey through difficult times of transition, change and loss. This companioning honors the spiritual dimension of suffering and fosters emotional and spiritual well-being. The chaplain models a respect for individuality that values diversity, nurtures dignity, and facilitates and encourages individuals to draw on inner wisdom, strength and resources.[163]

Regardless of whether the patient/family we are ministering to is a member of our own faith tradition, what we have in common is our shared experience as human beings. "We, too, are mortal. We, too, are subject to illness and pain...Our gifts as clergy, even our presence as humans, those, too, all will turn to dust. We share mortality together....The gift of tears, of shared suffering, is the gift of potent understanding of the sheer humanity of any chaplaincy situation."[164] The ministry of presence has the power to transcend the boundaries of religious differences, but still recognizes that each chaplain, like each patient, brings with them their own "toolbox" of resources stemming from their own faith tradition and life experience. The differences should not be ignored, nor should they be feared, as spiritual accompaniment does not require that we hold the same beliefs as those

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[163] Queen's University: Critical Care. "ICU Interdisciplinary Team." http://meds.queensu.ca/~critcare/allied.html.
[164] Visotzy, Rabbi Burton L. "Presence, Study, and Prayer." http://www.rabbinicalassembly.org/pastoral_care_resources/religious%20resources/Presence-Burt.doc.

with whom we walk. Rather, it calls for mutual respect and openness as together we explore what religion and spirituality have to offer. As clergy, chaplains of all faith backgrounds also recognize the importance of prayer and ritual in helping patients/families find meaning in their experience and in helping them connect to God and with their community. The chaplain's job is not to proselytize patients and families with whom he/she works, but rather to meet them where they are and walk with them on their journey. Therefore, most chaplains are comfortable visiting with people of any or no faith background. This can, in fact, open the door for a deep and rich conversation, as well as a meaningful theological reflection process.

> In pastoral practice, it is important to accept the spiritual framework of the other on his or her own terms. What is helpful to one's thinking is to allow images and ideas from your own tradition to flow freely, in order to inform one's understanding and interventions from a place of groundedness in your own particular faith. This approach honors and values the particularities of faith of both.[165]

Chaplains visit with people of all faiths, as it is the patient's connection with his/her faith tradition that is what matters first and foremost in the pastoral care relationship. That is not to deny that some patients and some chaplains find themselves to be more comfortable visiting with a person from their own faith community. Oftentimes, however, when there is a connection that can be forged between the patient and chaplain based on a level of understanding and trust, it matters very little or not at all that the two come from different religious backgrounds.

What is it, then, that makes chaplaincy Jewish? What makes it Jewish is when Jewish chaplains draw upon the riches and resources from our tradition in an effort to provide pastoral care for patients, their families, and medical team members. As Jewish chaplains, we are rooted within a certain religious and spiritual structure, and it is that

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[165] Cooper-White, Pamela. Shared Wisdom. Minneapolis, MN: Fortress Press, 2004, p. 78.

tradition which sustains us and inspires our work. As mentioned at the beginning of this thesis, Jewish pastoral care entails a "walking with" rather than a leading forth, and is based on the qualities and values attributed to God within our tradition which we are commanded to imitate to the best of our ability in our relationships with others. Jewish pastoral care also puts great emphasis on the fact that God is present with us as we provide care to others and do what we can to meet their needs. We work with God, and recognize that God is present in the room before we enter it and will stay after we leave—the *shekhinah* resting at the head of the bed of a sick person. The chaplain's job is "made" Jewish by the very notion that the *mitzvah* of *bikur cholim* which he/she is engaged in is a primary Jewish value, and because every time we function in our role as chaplains, we do so from a place of our personal relationship with Judaism. We cannot divorce who we are as chaplains from the tradition that informs our ministry, and so whether we are discussing *halakhic* decision-making surrounding medical care or are having a conversation about a parable in the New Testament, we do so through the lens of Judaism. It is up to us, though, to know when to utilize those resources from our tradition when engaged in offering pastoral care to another. There can be no doubt, however, as to the importance of educating ourselves in regards to what our tradition teaches not only about visiting the sick, but about providing holistic care to those who are sick, suffering, or in the dying process. Although our ministry extends to all patients, we do serve as representatives of the faith tradition to which we belong. As such, there will be situations when others (patients, families, medical professionals, etc.) will turn to us to learn about what Judaism says about a particular issue. At those times, with the opportunity to teach presented to us, we must remain cognizant of the fact that making

the most of the "teachable moment" is only one part of our role as chaplains. More important than teaching, perhaps, is our obligation and our deep desire to be with the patient and family and to do what is within our power to bring healing through shared human presence. This shared gift can be particularly important and needed when one is experiencing serious illness or facing death.

"It is a fearful thing to love what death can touch... 'Tis a human thing, love, a holy thing, to love what death has touched."[166] All of life is a journey; days and years to be lived as fully as possible before death inevitably makes its presence known. Though made in the image of God, we humans stand in the realm of mortality. Knowing that life and death is a natural cycle of which we, ourselves, are a part, many of us still find it difficult at times, even as pastoral caregivers, to identify the needs of the dying and to accompany people and their families through the death and mourning process. We have seen that sometimes, in our society, we are so afraid of "giving in" to death or "letting go" of our grasp on the physical world that we continue the use of aggressive medical treatment beyond its capacity to be beneficial in an attempt to try to safeguard ourselves against the unavoidable outcome. "Death [however,] is not primarily a medical condition, but a personally experienced, lived condition."[167] It is not solely a physical state, but has emotional and spiritual components as well. Therefore, it should not be approached simply from a medical perspective, for those who are dying need holistic care which recognizes the beliefs and feelings that impact one's attitude toward death, and which can be sensitive to the spiritual struggle in which one may be engaged. Author

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[166] Stern, Rabbi Chaim. In Mishkan T'filah. Edited by Rabbi Elyse D. Frishman. New York, NY: CCAR Press, 2007, p. 594.
[167] Bartholme, William. In "Medical Perspectives." In Clergy End-of-Life Education Program Handbook, Section II-A. Odyssey HealthCare, 2008, p. 9.

Chaim Potok, in his book, *My Name is Asher Lev*, offers a touching story of a young artist's reflection on his first experience with death:

> And I drew, too, the way my father once looked at the bird lying on its side against the curb near our house. It was *Shabbos* and we were on our way back from the synagogue.
> "Is it dead, Papa?" I was six and could not bring myself to look at it.
> "Yes," I heard him say in a sad and distant way.
> "Why did it die?"
> "Everything that lives must die."
> "Everything?"
> "Yes."
> "You, too, Papa? And Mama?"
> "Yes."
> "And me?"
> "Yes," he said. Then he added in Yiddish, "But may it be only after you live a long and good life, my Asher."
> I couldn't grasp it. I forced myself to look at the bird. Everything alive would one day be as still as that bird?
> "Why?" I asked.
> "That's the way the *Ribbono Shel Olam* (God) made His world, Asher."
> "Why?"
> "So life would be precious, Asher. Something that is yours forever is never precious."[168]

While death may not always be tragic, it often becomes a time of crisis for the individual and for his/her family as the search for meaning and purpose intensifies. We tend to think of ourselves as masters of our own lives, controlling our own destinies, and living in a world that is orderly and logical. When we find ourselves confronted by death, everything that once made so much sense to us, and all the control we believed ourselves to have, can feel stripped away, leaving us to face the truth of our own vulnerability (physically, emotionally, and spiritually) and the feeling of powerlessness. When someone we know dies, we not only mourn the loss of the person, but also the loss of the reality we had known which included that person.

> The Torah tells us that the world was *tohu va'vohu* (dark and in disarray) prior to God's work of creation. Then God's spirit hovered over the earth and brought order out of the chaos. Set into motion, the world followed a certain order or set pattern, something that we come to expect, something on which we can depend. But just as this order is never like it was at Creation, our

[168] Schur, Rabbi Tsvi G. Illness and Crisis: Coping the Jewish Way. New York, NY: National Conference of Synagogue Youth/Union of Orthodox Jewish Congregations of America, 1987, pp. 25-26.

> lives really never again return to the way they once were...We are forced to find our way through it—guided by God and by Jewish tradition.[169]

It is here where the chaplain can be of service, where a ministry of presence and accompaniment can allow for an open and honest exploration of feelings and discussion of beliefs. As the chaplain listens as people share their experiences, hopes, losses, and dreams, the chaplain does so with respect and reverence for the life-story of the other. It is not the role of the chaplain to try to convince the people with whom he/she visits to believe a certain way or to adopt a particular attitude in response to impending death. Rather, it is important for us to walk with patients and their families, to listen, and, when needed, to help facilitate their search for deeper meaning and for a broader understanding of the dying process that is able to embrace and encompass their present experience. "Pastoral care is enhanced by our awareness that people can become trapped in a view of death that is too small, or one that has outgrown its usefulness by the end of an excruciating illness."[170] We can use our tools of spiritual assessment and theological reflection in an effort to better understand where the patient/family is at emotionally and spiritually and to draw connections to the texts, stories, and liturgies of our tradition. As we provide the essential time and space for discussion and personal reflection, we can also help people to see their lives as part of something much larger. "Religious beliefs, or philosophical and spiritual systems can be very important here. They can give one's life a sense of cosmic significance."[171] Although we may not be able to understand death or to make sense of the mystery, we can offer the comfort and consolation found within our

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[169] Olitzky, Rabbi Kerry. Grief In Our Seasons: A Mourner's Kaddish Companion. Woodstock, VT: Jewish Lights Publishing, 1998, p. 38.
[170] Eilberg, Rabbi Amy. "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 378.
[171] "Role of Spiritual Care." In Clergy End-of-Life Education Program Handbook, Section VI. Odyssey HealthCare, 2008, p. 6.

scriptures and through Jewish ritual. The dying process, like the grieving process, may challenge people's faith and shake them to their core, but we, as pastoral caregivers, stand with them, affirming that life is still meaningful and can be lived in relationship with God who grants us life and is with us in death.[172]

Those who are dying have many needs to which attention should be given. First and foremost is often the desire to tell their story or to take some time to reflect on their life. This commonly connects with another need, which is to gain a sense of personal immortality, to know that one's memory, teachings, work, and values will live on long after one dies. Religion can offer this assurance as it joins our lives to others as links in a chain of tradition and heritage, as do relationships with family, friends, and one's community. The hospital chaplain, in meeting with a dying patient, can offer such a way of thinking that reaffirms the patient's personhood and provides hope for the continuation of life beyond the physical realm, without denying the reality of the situation. Illness, diagnosis, and/or hospitalization stir up a wide range of emotions in people. Even though someone may have many friends and visitors, there may still be thoughts and feelings to which he/she has given no expression. Sometimes it is uncomfortable to talk about death around loved ones, and sometimes family and friends find it too difficult to engage in such a conversation. Chaplains can help create a safe and sacred space in which those thoughts and feelings can be verbalized, explored, and worked through. We have, at our disposal, sacred texts, prayers, and rituals that can offer comfort to those facing illness or death, and we also share a fellow humanity as we accompany patients and their families through their experiences. Although the moment of death may be solely between the

[172] Grollman, Rabbi Earl. "Reflections of Spiritual Problems in Sudden Loss," *Journeys*. (April, 1996). In Clergy End-of-Life Education Program Handbook, Section V-Attachments. Odyssey HealthCare, 2008.

person and God, the dying process does not have to be a lonely or isolating one, nor does each day have to be sad and anxiety-filled. There can also be times of joy, where meaning and holiness are found in the simplest of pleasures, in the relationships that exist between people, and in the blessing that is life itself. Chaplains do not only bear witness to people's experiences of suffering and pain, but also to the beautiful, peaceful, and sacred moments that can be found in life's most difficult hours.

> There are occasionally moments of awesome beauty, times when it seems that everything will be okay. The dying person may seem to feel cared for, that life is just as it should be, that loved ones are precious. It takes a person unafraid of death to share such moments with a dying person, to listen quietly and reverently as a person speaks the truth of their experience at this awesome time. If we remember that such fleeting moments are possible, even in the midst of many hours and days of intense suffering, we may occasionally be blessed to see such a glimmer of light cross the otherwise bleak landscape of dying. We can be the one to say "yes" to the dying person or the loved one, who needs a witness to this moment of blessing.[173]

In *Pirkei Avot* (4:23), the ethical teachings of the rabbis, we learn that we are not to comfort mourners while the deceased lies before them. Some interpret this passage less literally, so that it may apply to how we, as pastoral caregivers should act when visiting with people dealing with any type of crisis situation.[174] Before speaking based on assumptions we have made, or attempting to offer words of consolation that might not be as comforting as we intend, better we begin with silence or by affirming and bearing witness to what they express to us. Being truly present *for* others entails being truly present *with* them. It means discerning where they are, emotionally and spiritually, and trying to get there ourselves as quickly as possible. It is less about saying or doing the "right" thing, and more about showing up and listening. "In the moment of crisis, all the patient or family needs is to realize that someone is sensitive to what they are going

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[173] Eilberg, Rabbi Amy. "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 386.

[174] Schur, Rabbi Tsvi G. Illness and Crisis: Coping the Jewish Way. New York, NY: National Conference of Synagogue Youth/Union of Orthodox Jewish Congregations of America, 1987, p. 61.

through."[175] I am not sure that it takes a person "unafraid of death" to accompany the dying and their families at this stage of the journey or to recognize the sacred beauty which can be found at life's end. Rather, I believe that it merely takes someone who is able to remain open to the mystery of life and death and who can stand with people at the edge of that mystery and share the genuineness of the experience. It takes someone humble enough to listen quietly and graciously to the wisdom and truths spoken by another, and someone present enough to see light in the midst of darkness and blessings in the midst of pain and fear.

> As pastoral caregivers, we have the extraordinary privilege of stepping into the territory of dying with our own health still intact. We can learn what death has to teach and take these lessons forward, God willing, into many years of healthy living. If we are able to maintain healthy boundaries and humility, we can continue to serve others in times of great need, and to weave the blessings of awe and wisdom that death bequeaths into our own lives.[176]

To be able to learn life's final lessons before we, ourselves, reach life's final moments, is a unique opportunity. It is one extended to us by those with whom we visit and who share with us the meaning of life as seen from life's end. As chaplains, it is one of the many rewards we receive by doing such work and it can inspire us to live our lives with an intentionality and purpose that often goes unrealized until death becomes more than a distant point on the horizon. What we gain from taking this journey with others is a precious and sacred gift. It is an honor to be let in to the lives and emotional/spiritual struggles of other human beings, and to walk with them through the joy and pain of life's unending cycle. It is, in a sense, the ultimate expression of *livui ruchani*, of spiritual accompaniment, for we quickly realize that people's unique paths through the dying

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[175] Ibid.

[176] Eilberg, Rabbi Amy. "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones," in Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, p. 397.

process is unfamiliar terrain for us, so we must allow them to lead as we tread gently along beside them.

Our work with families whom we come to meet as their loved ones are struggling with illness or disease continues past the moment of death. Just as no two people die the same way, no two people respond to loss in the same way either. "Not only are relationships and circumstances different, but each person is different. Each has his or her own unique personality and ways of coping."[177] The process of grief is one which takes considerable time and energy. It is one which is, at many times, painful and difficult, but it is also one that is very much necessary and beneficial to one's ability to move beyond the intense state of mourning. Although mourners must do the grief work themselves, it is incumbent upon those around them to support their journey, to foster hope, and to share the gift of their presence. While there are four "Tasks [or stages] of Mourning" that are common in the wake of death, there are really no rules when it comes to grief, and we as pastoral caregivers can "offer the grieving person the freedom and space to explore these difficult feelings and to offer models of how others struggled within their own spiritual tradition."[178] The four specified Tasks of Mourning are: (1) To accept the reality of the death, (2) To experience the pain of grief, (3) To adjust to an environment in which the deceased is missing, and (4) To emotionally relocate the deceased and move on with life.[179] The process of mourning is just that....a process. It has no prescribed ending point and how the stages are traversed depends solely on the individual's unique journey through grief. And yet, eventually, mourners should reach

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[177] "The Grief Process." In Clergy End-of-Life Education Program Handbook, Section IV. Odyssey HealthCare, 2008, p. 7.
[178] Ibid., 11.
[179] Worden, J. William, Grief Counseling and Grief Therapy, 3rd Edition. New York, NY: Springer Publishing Company, 2002.

the point where they are able to reinvest emotional energy into the new present reality and into new relationships. This is not something that can be rushed or forced. Moving on does not mean forgetting, but it does mean realizing that life is still worth living. As our tradition teaches us, "We do best homage to our dead when we live our lives most fully, even in the shadow of our loss. For each of our lives is worth the life of the whole world; in each one is the breath of the Ultimate One."[180]

Clergy can play a crucial role in this journey through mourning, not only employing the skills of active listening, patience, and empathetic understanding, but also acknowledging that each ethnic and religious group deals with death and mourning in a particular way. "Aspects of an individual's background will affect grieving...Sometimes these rituals, customs, and beliefs will facilitate grieving; at other times they may complicate it."[181] Our role is not to tell people how to grieve, but to do what we can to normalize their experience, while being aware of when religion and spirituality can be an asset to facilitating the grief process and when certain rituals or beliefs are no longer beneficial, but are rather complicating the issues. Although reactions to grief may differ, sadness, anger, guilt, a heightened sense of vulnerability, and anxiety are often present. Depending on the relationship one had with the deceased, one may feel a sense of relief or emancipation as well, causing an internal struggle between such conflicting emotions. Rabbis can help people work through such complex and often contradictory feelings. For example, many people experience a sense of guilt either before they die or surrounding the death of a love one. There were things left unsaid, errors made, and behaviors which

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[180] Stern, Rabbi Chaim, ed. Gates of Prayer for Shabbat and Weekdays. New York, NY: CCAR Press, 1975, p. 152.
[181] "The Grief Process." In Clergy End-of-Life Education Program Handbook, Section IV. Odyssey HealthCare, 2008, p. 7.

they now regret. As religious leaders, rabbis can claim a priestly role—helping patients and their families work through and eventually release such feelings through religious means: by encouraging them to engage in an expiation ritual, to participate in a creative ceremony, or by sharing stories and texts that connect their present feelings back to their tradition's practices. Taking an example from Judaism, it was assumed that people would, on occasion, "miss the mark" in terms of their behavior and find themselves in need of *teshuvah* (repentance), so there were practices designated to help one atone for sins, both intentional and unintentional. While this does not mean we should not feel bad or guilty for wrongs we commit, it does help facilitate the process of working through such emotions in healthy ways. This allows for us to move on after taking the necessary steps instead of getting stuck in a self-defeating cycle of negativity.

Rabbis can also help families respond to the inevitable life changes that occur with death. The loss that is experienced will need to be integrated into the family's reality, meaning that balance may be disturbed and resistance to change may be strong.

> Clergy can assess with the person how much life has changed. This often gives a perspective that keeps the person from being overwhelmed by the massive changes he or she may be experiencing. It also helps to acknowledge that life now will be different. Considerable energy can be spent trying uselessly to preserve the past. Life after loss is a changed life, but the person has some control over that change.[182]

When change occurs, there are various strategies that individuals will use in order to try and cope. As we explore with people the spiritual issues that come up around death and loss, we can not only help them see if those coping mechanisms are constructive or destructive, but also help them to plan realistically for the future. It is here where we must rely on outside resources for assistance—connecting grieving family members to support groups and, possibly, helping them (re-)connect to their religious institution

[182] "The Grief Process." In Clergy End-of-Life Education Program Handbook, Section IV. Odyssey HealthCare, 2008, p. 10.

which offers the opportunity for ongoing spiritual care, ritual, and memorialization to assist in the grief process. "All of the traditions of mourning can help provide a context of meaning in working through the process of grief. Certainly the more effectively our traditions are brought to bear in facilitating grief, the more meaning they will have for the mourner."[183]

We have seen that end-of-life situations and decision-making often force people to re-examine their beliefs and values, and to confront the tension present when the option of technologically advanced medical treatment comes at the expense of human dignity and one's right to die naturally and comfortably. While these times should not necessarily be seen as "teachable moments," it is possible for us to utilize Judaism and Jewish resources as a lens through which people and their families can find meaning and purpose in their experiences, both in life and through death, and in so doing find comfort. Sometimes it all depends on how it is presented and shared. Our job is not to force religion and spirituality upon people, but rather to offer it in constructive and gentle ways when we think it may be helpful or beneficial. Rabbi Chaim Stern, writing from the position of one who has just experienced a loss, expresses the desire of those in similar situations:

> When I am oppressed by heavy burdens, be my teacher and show me how to carry them. Make them seem...not light but lighter, not easy to carry, perhaps, but easier than I expected. Help me to experience my grief when I need to, lest it hide within me and become too heavy to bear. When I should feel the pain of loss, give me strength to feel it, to accept it, and then to move beyond it—when the time for moving has arrived within me.[184]

May this be reflected in our own prayer as rabbis and chaplains as we go about our daily work. In our effort to help, may we always keep before us of the needs of those to whom

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[183] Litvak, Rabbi Richard M. "Rabbinical Counseling Strategies for Facilitating Grief," *CCAR Journal: A Reform Jewish Quarterly*. (Summer, 1994): 35.
[184] Stern, Rabbi Chaim. Day by Day. Boston, MA: Beacon Press, 1998, p. 177.

we minister—for presence, spiritual accompaniment, and empathy. May we stand with them wherever they may be and walk with them, even in the valley of deepest darkness. In our openness, gentleness, and patience, may we hold open a safe and sacred space where burdens can be eased by sharing them together.

Conclusion

To this point, we have seen that the obligations inherent within the *mitzvah* of *bikur cholim* form the basis for pastoral care within the Jewish tradition and how that is both similar and different from what our Christian colleagues offer to those to whom they minister. We then saw how this is put into practice by rabbis and chaplains in providing care to people at times of serious illness and death, with a special focus on how we can help bridge the gap when Jewish law and tradition cannot speak directly, and certainly not without interpretation, to present-day options facing congregants, patients, and their families in the area of end-of-life care. Doing so, it has been shown, is not only part of our sacred responsibility as spiritual accompaniers, as those who walk alongside others and bear witness to their struggles, but is also part of our sacred responsibility as Jews who are commanded to engage in the words of Torah and who strive to understand and apply its teachings in a modern-day context. While any caregiver can tend to the spiritual needs of someone who is sick or suffering,[185] doing so is part of the professional role of both the congregational rabbi and the hospital chaplain. However, as with any professional position, the quality and effectiveness of our work as pastoral caregivers is dependent not only upon our natural skills and abilities, but also upon the professional preparation we receive. We now turn our attention to looking at the objectives and methods of Clinical Pastoral Education (CPE), the history of which was outlined in the introduction, in regards to its ability to help facilitate the pastoral formation of clergy and

[185] Jacobs, Martha R. "What are We Doing Here?: Chaplains in Contemporary Health Care," *The Hastings Center Report: Can We Measure Good Chaplaincy?* Vol. 38, No. 6. (November-December 2008): 1.

help us become more skilled and comfortable providing pastoral care in a variety of situations.

Each moment in which a rabbi or chaplain is engaged in relationship with another person has the potential to be pastoral in nature. Whether we are holding the hand of a hospital patient, sitting with a grieving family, or talking with congregants, the opportunity to provide care is always present if we are open to it. The *mitzvah* of *bikur cholim* allows us to journey with people at the most trying of times with a shared sense of humanity, humility, and vulnerability. However, "mere ordination does not prepare one for the sensitive mission of helping others, or ourselves, deal with the crises of life."[186] While our care and compassion may enable us to be an empathetic presence for others, and while Jewish tradition, with its rich resources in regards to visiting the sick, is available to everyone, there is also specialized education and training that chaplains and, most recently, many rabbis, receive in order to be better able to meet the pastoral needs of those who come to them for care. Such training through Clinical Pastoral Education provides students with a "clinically-based educational program which employs an action→reflection→action model of learning as part of professional preparation for ministry."[187] In participating in such training, CPE students gain experience providing pastoral care to patients, congregants, and institutional staff, and insight into the dynamics inherent in interpersonal relationships. Through small group processing sessions, written work, and individual supervision which accompany one's on-site clinical experience, students training to be chaplains or congregational clergy have the

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[186] Schur, Rabbi Tsvi G. Illness and Crisis: Coping the Jewish Way. New York, NY: National Conference of Synagogue Youth/Union of Orthodox Jewish Congregations of America, 1987, p. 64.
[187] Hemenway, Joan E. Inside the Circle. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1996, p. ix.

opportunity to engage in pastoral care work in health care facilities such as hospitals and hospices, in geriatric centers, and in congregations. Through the training process, CPE students receive education and guidance to help them understand themselves better on a psychodynamic and interpersonal level, as well as the necessary time for personal, professional, and theological reflection with fellow students and a professionally trained supervisor. The goal is that this will lead to a "person-centered approach to religious ministry,"[188] paralleling the patient-centered approach to care that was discussed earlier.

Anton Boisen (1876-1965), regarded as the father of Clinical Pastoral Education, put great emphasis on the importance of understanding the human experience and what he termed "the living human document." This new perspective moved theological and religious study and reflection away from solely book and classroom learning to also include the lived personal experience of those who receive care, and of those who offer it. In this sense, a necessary part of pastoral formation is the ability to integrate theology with life experience. While CPE began in the Protestant Christian tradition, it has come to include a wide-range of religions and denominations including Roman Catholicism, Judaism, Islam, and Buddhism. [189] Although the Clinical Pastoral Education movement may not have original roots within Judaism, its mission and method cut right to the heart of Judaism's combined focus on the importance of both faith and action. CPE training is the living out of the Jewish religious practice of *bikur cholim*, translating what is written in the Torah, Talmud, and *halakhic* codes into daily life and pastoral practice. Our Jewish tradition puts great emphasis on professional development as well as on personal reflection. Engaging in CPE enables us to better learn how to utilize our religious

[188] Thomas, John R. A 'Snap Shot' of the Association for Clinical Pastoral Education, Inc., p. 12.
[189] Ibid., 9.

resources and faith in an effort to provide comfort and presence in life's crisis moments as well as at any time when we accompany someone else along their journey.

Judaism has, to an extent, come to embrace CPE training as beneficial, if not necessary, preparation for the rabbinate, whether one's rabbinate is located within the congregational world or in a healthcare facility. Part of our sacred responsibility as Jewish clergy, is to meet the pastoral care needs of those within our communities. While the obligation is not ours alone, we are often the ones our congregants look to when such needs arise. It is long past time for us to not only recommend but require that rabbis entering the field today receive the professional training that will enable them to provide congregants and patients with the highest quality of pastoral care. The ability to provide such care can only come from a deep understanding of who we are as pastoral care givers and how our life, experiences, and theology affect our ministry. Only then can we genuinely approach others in an effort to help them find meaning in their situation and a sense of how God is moving in their lives. "It is impossible for a pastor to meet fully human beings at the point of their growth and pain unless that pastor has done some serious reflection on the meaning of his or her own experience. Inevitably, the experience of others touches our own experience, and unless pastors have come to terms with the meaning of their personal history, their ability to help others is limited."[190] CPE, as a study of interpersonal relationships with a theological overlay, recognizes that there are at least three beings present in every encounter—the student, the patient/congregant, and God. Therefore, in CPE work and reflection, four questions consistently come up

[190] Asquith, Jr., Glenn H. "Encountering Living Human Documents: Boisen and Clinical Pastoral Education," *Journal of Psychology and Christianity*. (Summer, 1988). In Vision From A Little Known Country: A Boisen Reader. Edited by: Glenn H. Asquith, Jr. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1991, p. 236.

which promote such awareness and understanding: (1) Who am I? (2) Who is the other? (3) What are we about? (4) Where is God?[191] These guiding questions enable us as pastoral care givers to remain cognizant and vigilant about the interpersonal dynamics at work and how we are to be present with others as we work in relationship with God. Answering such questions about our work as spiritual accompaniers allows us to better understand ourselves as pastoral caregivers and what we can offer in such encounters. As Anton Boisen once stated, "service and understanding go hand in hand. Without true understanding it is impossible to render effective service in that which concerns spiritual life, and only to those who come with the motive of service will the doors open into the sanctuaries of life."[192] If we are insisting on a more holistic approach to healing which takes into account our ability to care for the patient's whole being, then we must also recognize the importance of a holistic approach in the training of pastoral caregivers; a level of training which CPE can provide.

Rabbis, chaplains, and seminarians from Jewish backgrounds who have taken CPE have benefited from its well-rounded emphasis on interpersonal relationships and personal and theological reflection in the realm of pastoral care. We bring ourselves to every encounter. Therefore, in coming to a deeper understanding of who we are and how we are experienced, in addition to working on accepting ourselves with all of our strengths and growing-edges, we find that we are better able to understand and empathize with those for whom we provide spiritual accompaniment. Just as Jewish tradition asserts that one essential element of *bikur cholim* is to discern the needs of the person we

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[191] Schwartz, Rabbi Julie S. and Rabbi Ruth Alpers. ACPE Supervisors.

[192] Eastman, Fred. "Father of the Clinical Pastoral Movement," *The Journal of Pastoral Care*. (Spring, 1951). In Vision From A Little Known Country: A Boisen Reader. Edited by Glenn H. Asquith, Jr. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1991, p. 134.

are visiting, so too does CPE train students to use spiritual assessment techniques and to be active listeners in hearing another's story. We must try to understand the inner life of the person with whom we are sitting—their hopes, emotions, needs, and struggles. If the religious texts, prayers, and rituals that are part of our "tool boxes" as clergy are to be effective agents of healing and comfort, then they must touch and engage people where they are at, whether that is on the mountain peaks of joy or in the darkened valleys of confusion, anxiety, or despair. In thinking about this very subject, Anton Boisen, speaking about the benefits of clinical training, wrote:

> We hope that we may have awakened in the student an interest in the personal experience of individuals and that we may have acquainted him with methods of observation and generalization which will lead him on into life-long devotion to patient, accurate, reverent exploration in all its range of that inner world with which religion is concerned. We hope that it may lead to a new insight into the issues of life and death, which may be at stake in the lives of even the apparently commonplace, which will pervade and determine the minister's religious message and give to it increasingly the authority of truth and the power to inspire confidence. And we hope that he may gain constantly in that insight and wisdom which shall make him for the man in distress a safe counselor and guide.[193]

Entering into pastoral relationships through such clinical training enables us as clergy to construct for ourselves a pastoral theology which we can then utilize when offering spiritual care to others in any context, be it in congregational work or hospital ministry. Having gone through the difficult personal work of looking deeply at ourselves and processing past and present experiences, we can then engage others with honesty and with the recognition that such self-reflection and spiritual struggle can be painful and complex. In so doing, we can better recognize the similarities between ourselves and the patient or congregant with whom we are sitting. We are then in a better position to know how to appropriately use our own experiences and stories to connect with the other person and relate to their situation with an increased level of understanding. The small

[193] "Theological Education Via the Clinic," *Religious Education.* (March, 1930). In Vision From A Little Known Country: A Boisen Reader. Edited by: Glenn H. Asquith, Jr. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1991, pp. 30-31.

interpersonal processing groups which are part of the clinical pastoral education curriculum assist with such personal reflection and pastoral formation.

> This dynamic small-group experience is intended to engage the student both experientially and reflectively, subjectively and objectively, affectively and cognitively, personally and professionally. The...experience is directly related to training for ministry not only because the church and society are filled with small groups, which the pastor needs to understand and work with, but also because the group process itself is a powerful tool in helping ministerial students become more self-aware and more group-aware.[194]

In addition to the small reflection groups, the curriculum also includes didactic sessions where students learn information or practical skills from professionals in the field, verbatim report presentations in which students write up a visit they have made for personal and group reflection and processing, and individual supervision meetings where students meet one-on-one with their supervisor to discuss the personal implications of the work they are doing and its impact upon their own learning contract and professional development. Such learning and experience can have a profound effect on our pastoral identity as rabbis; as people "whose primary focus is on matters of ultimate concern."[195] We, as clergy, "...bear responsibility not for answering or solving [the kinds of questions theology raises], but for keeping them visible, recognized, no longer ignored."[196] In making pastoral visits, with the goal being to offer spiritual care and presence, it is, thus, important that the pastoral caregiver assess the patient/congregant's situation within a theological framework. We do not make "diagnoses;" rather, we listen as people share their story with us and we try to understand "the person's situation in theological terms, including awareness of the holy, providence (and capacity to trust), faith, grace or

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[194] Hemenway, Joan E. Inside the Circle. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1996, p. x.
[195] Mohrmann, Margaret E. "Ethical Grounding for a Profession of Hospital Chaplaincy," *The Hastings Center Report: Can We Measure Good Chaplaincy?*, Vol. 38, No 6, (November-December 2008): 7.
[196] Ibid.

gratefulness, repentance, communion, and sense of vocation."[197] In doing so, we stand on what may be perceived as the boundary between the human and divine realms and help those with whom we visit bridge the gap that often seems to exist between the two. While anyone can offer care to those who are suffering, seminarians, clergy, and chaplains who have had CPE training often find themselves better able to recognize and respond to spiritual issues that affect not only healthcare treatment, but the daily lives of patients and congregants in a specialized way.

There is a "historic tension within the religious world itself between ministry as a response to inner conviction and ministry as a profession requiring specific education and training."[198] I would argue that it is fundamentally both. While a person may feel guided or "called" to serve others as a religious and spiritual leader, there is a certain responsibility inherent in that role which necessitates a proper amount of education and training before one is fully able to fulfill one's professional duties. Just as seminaries require that their students study Bible, history, liturgy, and ritual, so too must professional skills like pastoral care be part of the core curriculum. While clergy who engage in a unit of training through CPE do not emerge with the level of skill and knowledge on par with board certified chaplains, clergy can still benefit from the experience of engaging with real people with real needs while also having the opportunity for supervision and peer-group processing. "In CPE, one begins to understand one's self in terms of motivations and one's patterns of human relationships, and thus is given a new understanding of one's 'call' to ministry and one's relationship

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[197] Pruyser, Paul W. The Minister as Diagnostician: Personal Problems in Pastoral Perspective. Philadelphia, PA: Westminster Press, 1976, pp. 39, 60-79.
[198] Hemenway, Joan E. Inside the Circle. Decatur, GA: Journal of Pastoral Care Publications, Inc., 1996, p. 4.

with The Transcendent."[199] Seminaries, in part, function on three levels—as graduate schools, as professional schools, and as seminaries. While academic study and spiritual development are focal points, a wide range of professional training opportunities for seminarians should be as well. However, when it comes to such professional preparation, the paradox is shocking. Seminaries do not send new ordainees out into the congregational world without first practicing their homiletical skills in a training environment where support and critique can be offered. Therefore, how can rabbinical schools allow those same students to go out and attempt to meet the spiritual needs of the sick and dying as pastoral caregivers without necessarily having any experience or opportunity for skill development or reflection in that area whatsoever? While congregational rabbis preach from the pulpit a few times a week at most, they engage in pastoral care on a daily if not hourly basis. Doing so is a professional responsibility requiring professional skill which is learned and practiced through professional training. Can there then be any real surprise when so many congregational rabbis without such education admit to being uncomfortable in hospital rooms and do not see such opportunities for *bikur cholim* as productive uses of their already limited time? Not only that, but such a lack of professional pastoral care training does a disservice to students on a religious and spiritual level as well. For through the CPE process, one's inner convictions are challenged and refined so that they become tools which one can use to provide care. The "call" to ministry is only the beginning; CPE enables students to learn what it truly means to serve in such a capacity for others. The testimonials given by former CPE students speak for themselves as to the fundamental importance of such training in the course of preparation for ministry:

[199] Thomas, John R. A 'Snap Shot' of the Association for Clinical Pastoral Education, Inc., p. 9.

- "CPE was a wonderful healing experience for me. It opened windows into my soul that allowed me to look in and discover who I truly am...Because of this experience I can listen to the struggles and pain of others and help them on their journey. I see a great need for...students in ministry to take CPE. It gives you a much clearer view of how the persons coming to you feel in all their vulnerableness, woundedness and pain."[200]

- "CPE has been an important part of my ministry...CPE has been a place for soul-growth for me. CPE has been a place and an occasion for me to reflect and work on my identity as a person and a pastor. CPE has provided a place for me to deepen and grow...At times I have underestimated the impact of CPE in my ministry. I have come to realize through experience that when I begin to change and heal and be renewed it has an impact on those whom I serve. The leadership of my congregation are supportive of my work in CPE in large part because they see that it makes a difference in the life of the congregation ...To incoming students I would give this advice: you will grow in CPE in surprising ways, and this growth will bless the people you serve."[201]

- "I am learning about the areas I wish to grow in, the things I wish to change about myself, the ideas I would like to strengthen, and the things I take pride in. All that I am learning in this program I will take with me. I will take it to the next place I go, to my next learning experience, my next job, and into my rabbinate. I believe that I am learning how to offer support and counseling in any situation."[202]

- "I believe I am leaving this program a much more confident rabbinical student, someone who could handle most difficult situations. That is not to say I won't ever have anxieties, but I know now how to deal with my fears, how to accept them, how to face them, and how to overcome them."[203]

- "The tools I learned will be forever ingrained within me. The listening skills, the empathy, the need for reflection and self-care are things that I will take with me into my rabbinate."[204]

- "It is no exaggeration to say that my clinical pastoral experience at the College influences every contact I have with my congregants."[205]

- "It's become clear to me that counseling or chaplaincy is essential for anyone being ordained or invested. At the very least, it gives the rabbi or cantor vital insights into his or her own gifts and limitations when working with congregants. Ideally, it combines personal growth, academic study, and clinical experience so that Jewish clergy are prepared to meet the challenges of congregational work."[206]

These comments do not only speak to the need to have CPE as a standard part of any seminary program, but also to the professional goals to which CPE commits itself so

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[200] Pine Rest Christian Mental Health Services. "Clinical Pastoral Education: Testimonials." http://www.pinerest.org/resources/clinical-pastoral-education/testimonials.asp
[201] Ibid.
[202] Beaumont Hospitals. "Quotes From Recent CPE Program Participants." https://www.beaumonthospitals.com/clinical-pastoral-education-quotes-from-recent-cpe-program
[203] Ibid.
[204] Ibid.
[205] Hebrew Union College-Jewish Institute of Religion. "Blaustein Foundation Establishes Path-Breaking Pastoral Counseling Center at Hebrew Union College- Jewish Institute of Religion's New York School." http://www.huc.edu/news/blaustein.html
[206] Ibid.

fully. There are ten objectives specified by the Association for Clinical Pastoral Education toward which CPE students work during their clinical training and participation in group learning and processing sessions. These objectives reflect the importance which CPE places on the development of skills leading to increased pastoral reflection, pastoral formation, and pastoral competence.

1. To develop students' awareness of themselves as ministers and of the ways their ministry affects persons.

2. To develop students' awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care.

3. To develop students' ability to engage and apply the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.

4. To develop students' awareness and understanding of how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address effectively these issues through their ministry.

5. To develop students' skill in providing intensive and extensive pastoral care and counseling to persons.

6. To develop students' ability to make effective use of their religious/spiritual heritage, theological understanding, and knowledge of the behavioral sciences in their pastoral care of persons and groups.

7. To teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team.

8. To develop students' capacity to use one's pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care, and pastoral counseling.

9. To develop students' understanding and ability to apply the clinical method of learning.

10. To develop students' abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one's ministry.[207]

These skills are not put to use solely within the context of CPE, and we now turn our attention to how such education and training around these ten objectives positively affect one's ability to minister to the needs of others in a variety of situations. Congregational rabbis, in meeting with congregants or visiting people in the hospital, must have enough self-awareness to realize how their personal and professional presence affects not only the dynamic of the relationship, but also their ability to provide quality pastoral care. If we as rabbis do not have a well-developed sense of self, we run the risk of allowing our own needs and biases to interfere with our work and we endanger ourselves by not recognizing our own limitations. Engaging in formal and informal processing and reflection with peers and a supervisor allows that which is often hidden from ourselves to be brought to consciousness. At times, the people we train with and learn from in CPE can respond in such a way that it is as if they are holding up a mirror enabling us to see ourselves more fully from the perspective of those around us. We learn to give and receive appropriate and timely critique, to seek clarification when what someone is sharing is unclear before we jump to conclusions or make inaccurate assumptions, and to make use of our personal and professional support systems when we, ourselves, need care. This allows us to not run the risk of jeopardizing the pastoral relationships in which we are the caregivers by using them to meet our own needs. In congregational work, rabbis are constantly engaging with individuals and groups, and we must be able and willing to hear both positive and negative feedback from our

[207] Objectives of CPE (Level I and Level II), 309:1-309:10. "Revised Standards for the Association of Clinical Pastoral Education, Inc." The Association for Clinical Pastoral Education. Decatur, GA: 2005, pp. 10-11.

congregants. Whether we choose to internalize the opinions and feelings they express or not, knowing how to respond in an effective and professional way is of vital importance in our effort to stay in relationship with people, see beyond our own limited perspective, and meet our congregants where they are. Likewise, we will also inevitably find ourselves in the position of needing to give less-than-positive feedback to others with whom we work, and to confront others regarding issues that come up. We cannot control how others hear our comments or how they respond to us, but we *can* control the type of feedback we offer, and can learn to be more aware of how we offer it. Doing so may allow us to not only maintain our relationships, but even deepen them.

As clergy who engage in pastoral relationships, it is important for us to understand the power we have and the help we can offer. Regardless of how we see ourselves and our role, we are often posited by our congregants as symbolic exemplars[208] of our religious tradition, living embodiments of what Judaism values and holds sacred. In order for us to utilize our pastoral authority in a positive and productive way so that we can meet the spiritual needs of those who come to us, we must first demonstrate our claim to that authority by proving ourselves to be capable and competent religious and spiritual leaders. CPE can be of help in this process of pastoral formation for it not only calls upon us to reflect theologically on our experiences, but to also understand the psycho-social dynamics at work in our lives and in the lives of others. It is here that an integration of theology and the behavioral sciences can occur which can then have a profound effect upon our intrapersonal discovery process and upon our interpersonal relationships. As clergy, we strive to see the divine spark emanating from the soul of

[208] Bloom, Rabbi Jack H. The Rabbi As Symbolic Exemplar. Binghamton, NY: The Haworth Press, Inc., 2002.

everyone with whom we come into contact. Although we may come from different social, cultural, religious, or economic backgrounds, there is the opportunity for us to project a warm, welcoming, and accepting attitude which affirms and validates the history, story, and identity of the person to whom we are offering care. Recognizing the similarities and differences between ourselves and those with whom we meet, we can begin to better understand how one's theology and the socio-economic context of one's life may affect one's behavior, emotions, beliefs, and the decisions that one makes, and vice versa. It is not our place to tell people how God is moving in their lives, how they should respond in a specific situation, or what they should do religiously. Rather, we are there to help them discern God's presence, to reflect with them about how their theology may be helping or hindering their ability to connect with God, and to gently help them bring to awareness those internal and external factors that may be preventing them from being able to move through their experience. "It is not the role of the pastoral caregiver to diminish the awesome mystery at the heart of the experience of suffering by explaining it away, but it can be helpful to sufferers in their journey to provide them with an understanding of theological contexts in which Jews have tried to understand God's relationship to suffering."[209] In order to do this, however, we must be comfortable articulating the central themes of our own spiritual and religious heritage, as well as how our own current theological understandings affect our ministry. If we have not done the necessary self-reflection work that enables us to answer the difficult theological questions on a personal level, then how can we offer ourselves to others as genuine companions on the journey through illness, suffering, and even death? "...Teachers must be companions

[209] Klotz, Rabbi Myriam. "Wresting Blessings: A Pastoral Response to Suffering." In Jewish Pastoral Care, 2nd Edition. Edited by Rabbi Dayle A. Friedman. Woodstock, VT: Jewish Lights Publishing, 2005, pp. 9-10

on the same journey that we ourselves are making,...their authority derives from their ability to be fellow travelers, friends and comrades on this journey."[210] Although we, as Jewish clergy, do not act as judge or intermediary in the pastoral care relationship, we must remain ever cognizant of the fact that "any counsel which is illumined by the word of God will endure forever."[211] It is our responsibility to offer the "word of God" in an accessible and respectful way, as well as in a way that honors the journey being undertaken by the person for whom we are providing care. Within our Jewish tradition this does not imply speaking *for* God, but rather using our prophetic voice to advocate on behalf of another or to offer words of hope, compassion, connection, or redemption—speaking out of our tradition in a way that allows others to see their own story within a larger context and to find strength and comfort in that. These people are not solely our congregants and patients, but also our co-workers. Whether in the congregation or in a hospital environment, we, as clergy, are part of a multidisciplinary staff. Learning how to engage in such intra- and inter-disciplinary relationships enhances our ability to work as productive team members, to lead pastoral care initiatives, and to minister, as needed, to everyone involved. Our pastoral authority stems from our ability to understand and "own" the power we have because of our role, our education, and our training. However, we must remember that it is empowering others while journeying with them that is the goal. This requires us to not only be familiar with and able to apply theological resources and information coming out of the behavioral science disciplines to our work with "living

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[210] Campbell, Alastair. "Rediscovering Pastoral Care." In Pastoral Care and the Jewish Tradition. By Rabbi Robert L. Katz. New York, NY: The Free Press of Glencoe, 1985, p. 107.
[211] *Sanhedrin* 26b. In Pastoral Care and the Jewish Tradition. By Rabbi Robert L. Katz. New York, NY: The Free Press of Glencoe, 1985, p. 45.

human documents," but to also take the necessary time for self-reflection and for developing a higher degree of self-awareness around our own pastoral identity.

It is said that "One of the greatest moments in anybody's developing experience is when he no longer tries to hide from himself but determines to get acquainted with himself as he really is."[212] Such reflection on our strengths and growing edges, our gifts and limitations enables us to learn to embrace ourselves in our entirety. It is difficult and sometimes even painful to accept what we are not proud of or satisfied with about ourselves. We often need the help of another person to guide us through this process of reflection on, and acknowledgment of, our strengths and limitations so that we do not sidestep the messy work or become overly critical and unsympathetic toward ourselves or others. Peers and a trained supervisor can encourage a level of reflection that remains beneficial and can remind us of the importance of offering ourselves the same grace and compassion that we offer to others as pastoral caregivers. Such reflection is not just a mental and emotional exercise, but rather is then utilized as part of our pastoral identity, becoming a tool for ministry. Clinical Pastoral Education allows students and clergy to better understand that people connect with our humanness and that even our growing-edges can be sources of strength for ourselves and others. While we may often be seen as a symbol of something much bigger and greater than ourselves when we walk into a patient's room or into our office to meet with a congregant, CPE consistently reminds us that we work in partnerships—with intra- and inter-disciplinary team members and with God. Keeping this in mind helps us to recognize the wealth of resources at our disposal

[212] About.com: Quotations. "Norman Vincent Peale: Quotes on Reflection." http://quotations.about.com/cs/inspirationquotes/a/Reflection1.htm.

which we can make use of in our effort to provide care, and to come to a greater appreciation of our own limits and boundaries, both personally as well as professionally.

This is certainly not to say that we always get it right the first time. Understanding this, Clinical Pastoral Education has come to embrace the clinical method of learning which, as mentioned earlier, entails a three-step process of action→reflection→action. The clinical method is a helpful tool which can be utilized in the process of personal and professional learning, growth, and development. Much of what we do as rabbis could be seen as "learning from experience." Rarely are the situations we find ourselves in situations that we have been specifically trained to handle, and no two experiences are ever exactly the same. That being said, there is only so much preparation that can be done ahead of time, and it is why the emphasis on processing and reflecting on such experiences is so important. The "redemptive moments" that the clinical method of learning allows for are incredibly significant. While we may not be able to handle every situation we face as rabbis perfectly or even as well as we would like to, what the clinical method allows for is for us to learn from what worked well and what did not work well, to reflect on what we could have done better, and to put that learning and growth into practice the next time we are confronted with a similar situation that calls for a similar response. How closely related the clinical method is to the three-step process for *teshuvah* (repentance) within our Jewish tradition! The course of sincere *teshuvah* requires not only that we admit what we have done and reflect on the wrong we have committed (whether consciously or unconsciously), but also that when we find ourselves in a similar situation, we put our learning and previous experience to work in helping us make a better decision so that we do not repeat the same mistake again. We

are all "works in progress," but with each professional experience that we have, with each pastoral visit that we make, and with each opportunity for reflection and processing, we take another step toward our own self-discovery and increased pastoral formation and skill. It is by working towards these ten objectives of CPE that students create a basis for career-long growth and development, and establish the foundations for a healthy ministry.

It is believed that more than 40% of people turn to clergy for counseling, emotional support, and spiritual care before seeking assistance from any other professional.[213] While there may be a number of reasons why this is the case, what cannot be denied is the fact that clergy must be prepared and properly trained to meet the needs of those who will be coming to them. Clinical Pastoral Education provides the sacred space where personal and professional growth can occur in a supportive yet challenging environment. It is, in every respect, ministry in action, where the subject is not information on a page, but rather the "living human documents" that are the people sitting in front of us. However, only when we recognize our own strengths and limitations as caregivers, our own history and pastoral identity, can we truly honor the stories and experiences of those with whom we journey. The *mitzvah* of *bikur cholim* requires presence, discernment, and understanding, and it is through connection and interpersonal relationships that this occurs. Clinical Pastoral Education can help us to deepen those relationships with greater self-awareness and empathy. It is up to us as clergy to "reclaim the sacredness of the place where human suffering, frailty, and hope

[213] Schur, Rabbi Tsvi G. Illness and Crisis: Coping the Jewish Way. New York, NY: National Conference of Synagogue Youth/Union of Orthodox Jewish Congregations of America, 1987, p. 60.

come for help..."[214] Whether that place is the congregation or the hospital, our training can prepare us to stand with someone else there, in the midst of pain, confusion, and vulnerability, and still find holiness.

This brings us back to where we began—Our attempt as pastoral caregivers to help others find holiness and meaning in the face of illness, suffering, and death, and how we understand that role within the context of Jewish tradition. In conclusion, this thesis has attempted to demonstrate four main ideas:

(1) How the *mitzvah* of *bikur cholim* forms the basis of the Jewish pastoral care tradition, and how that has become a fundamental part of the sacred responsibility of the rabbi towards members of his or her congregation, be that within the context of synagogue or hospital ministry.

(2) That Jewish pastoral care theology both intersects with, and differs from the Christian model.

(3) The important role of pastoral care and the pastoral caregiver at times of crisis, illness, and death in promoting a model of holistic treatment and healing by offering religious and spiritual support to the congregant/patient, family, and medical team.

(4) By putting greater emphasis on pastoral care training, we as Jewish clergy may be better able to assume our role as pastoral care providers, grow in our pastoral formation, define our practice in Jewish terms, and find guidance through Jewish texts and tradition.

Although it has been suggested that Judaism has no tradition of pastoral care similar to that which has developed throughout the history of Christianity, I would argue quite the opposite in light of what has been presented here. Pastoral care has played a fundamental role within Jewish tradition, and we have seen that its origins can be traced back to the Bible, Talmud, and *halakhic* codes. While our historical tradition is rich with stories, laws, and examples of the *mitzvah* of *bikur cholim* in action, the emphasis on its practice

[214] Mohrmann, Margaret E. "Ethical Grounding for a Profession of Hospital Chaplaincy," *The Hastings Center Report: Can We Measure Good Chaplaincy?* Vol. 38, No. 6. (November-December, 2008), p. 8.

in more recent times has diminished, although its importance is still as great as ever. The role of pastoral caregiver is, therefore, one which we need to reclaim as Jewish clergy in an effort to meet the needs of our congregants and to offer our presence and support at what are often life's most difficult moments. "We are trained to be teachers of the ignorant, to be guides for the intellectually confused, to be confronters of those who are 'at ease in Zion.' Can we also reach out to those who need us as companions in the search for meaning...?"[215] The answer is a resounding yes! For the rabbinate is not solely about engaging with the words of Torah, or the words of the prophets, or the words of prayer; the rabbinate is also, and perhaps first and foremost, about engaging with people, connecting with them, and journeying alongside them. While the Jewish community may grant us the opportunity to stand in a position of religious authority based upon our education and knowledge, it is our ability to make our tradition accessible in moments of crisis, to meet people where they are, and to help them find meaning in their situation that allows us to earn the title of "Rabbi" each day and in every pastoral encounter. It cannot be denied that we have, indeed, benefited from the expertise and experience of the Christian pastoral care tradition.[216] However, Jewish pastoral care is not the same, and how Judaism envisions the role of the pastoral caregiver diverges as well from the image of its Christian counterpart. This thesis has endeavored to be a guide for offering pastoral care in regards to end-of-life issues from a uniquely Jewish perspective and based upon texts coming out of our own religious heritage, so that we can

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[215] Katz, Rabbi Robert L. Pastoral Care and the Jewish Tradition. New York, NY: The Free Press of Glencoe, 1985, p. 97.
[216] Friedman, Rabbi Dayle A., ed. Jewish Pastoral Care, 2nd Edition. Woodstock, VT: Jewish Lights Publishing, 2005, p. xix.

begin to "articulate this enterprise in a Jewish idiom"[217] and to reclaim the tradition of *bikur cholim* and Jewish pastoral care that is rightfully ours.

Our starting point for this was the three obligations incumbent upon one who visits the sick: (1) To assess and discern what the sick person needs, (2) to uplift his/her spirits, and (3) to pray on his/her behalf. By doing so, we emulate God and walk in His ways, bringing God's presence into the room through our own display of the God-like qualities of grace, compassion, and empathy. While we hope for recovery and do what we can to move that process along emotionally and spiritually, what we saw was that even when a cure is no longer a likely possibility, providing such pastoral care still allows for the opportunity for healing (of body, mind, and spirit) to take place. Whether we look at the story of Rabbi Akiva who, out of care and concern, came to visit his sick student, the story of Yehoshua ben Levi who offered a human presence to a group of sick individuals quarantined at the edge of town, or the story of Rabbi Judah's handmaid whose empathy and level of understanding helped put an end to his painfully prolonged death, we see that pastoral care within the Jewish tradition can take on many forms and have many different results. What grounds it in our religious tradition, and what also connects it, in part, with Christian pastoral care, is its focus on the tripartite relationship between the sick individual, the caregiver, and God. As mentioned earlier, pastoral care is not only a reaching out (to another person), but a reaching up (towards God), encompassing both a horizontal and vertical connection. What Clinical Pastoral Education adds to this is a "reaching in," connecting the caregiver to himself/herself so that he/she is best able to help others do the same.

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[217] Ibid.

Following the discourse on the historical roots of *bikur cholim* and pastoral care within Judaism, we moved on to look at the pastoral caregiver's role in healthcare settings at times of serious illness and imminent death. A large part of pastoral care in end-of-life situations has to do with ensuring that our congregants, patients, and their families feel empowered to think about and make decisions regarding their treatment and care. Such empowerment is partly achieved by making certain they have received the necessary information in a way that allows them to understand their options. As pastoral caregivers we can also employ our pastoral authority to function as advocates, using our prophetic voices to ensure that those for whom we are caring receive treatment and care in keeping with their beliefs and values in regards to life-sustaining measures and palliation of pain. As rabbis, we must also be available, willing, and able to discuss and work through religious beliefs and emotional issues that affect care. While we should be mindful of the bioethical issues surrounding the treatment of the critically and/or terminally ill, Jewish pastoral care is not about providing answers for those with whom we visit. Rather, as Jewish pastoral caregivers, we are spiritual accompaniers (*livui ruchani*), providing a supportive presence as we journey with others through the highs and lows of the treatment or dying process. Our fundamental role is to provide a ministry of presence—actively listening to, and affirming, the thoughts, feelings, and experiences of those whom we accompany, validating their personal truths, and honoring their life-journey by walking gently beside them.

It is said that "birth is a beginning, and death a destination, and life is a journey..."[218] While the certainty of death and the fact of our mortality as human beings

[218] Fine, Rabbi Rabbi Alvin I. In Gates of Repentance. Edited by Rabbi Chaim Stern. New York, NY: CCAR Press, Revised 1996, p. 283.

may be something that we are cognitively aware of, when it actually happens to someone we love, it is almost always painful and we are never fully ready. Once again it is here, where grief intersects with the search for meaning, that the rabbi as pastoral caregiver can provide comfort and support in the face of ultimate mystery. As the deceased's loved ones traverse the often rough and difficult landscape of mourning, it is clergy who can provide the safe and sacred space in which they can stop and rest and which also honors the necessity of moving forward. With Jewish ritual, texts, liturgy, and community at our disposal, we have a multitude of opportunities to help facilitate the grieving process, to reflect on the meaning of life and death from a Jewish perspective, and to help the mourners establish healthy coping strategies. When one's beliefs are challenged and one's world turned upside down, we, as clergy, can bless and affirm the transitional period and provide a perspective that both encompasses the past and finds the promise of holiness and wholeness in the present and future when so much seems uncertain and out of control.

Whether we are visiting the sick, meeting with a grieving family, or getting stopped after services and asked that simple sounding yet complex question: "Rabbi, do you have a minute?", being a rabbi means, among other things, engaging in pastoral care. We can continue to assume that the authority bestowed upon us by our ordination, combined with our natural skills will allow us to accurately discern and appropriately care for the spiritual and emotional needs of those within our communities, or we can embrace the role of pastoral caregiver and make certain that we receive the proper professional training to prepare us for what we will inevitably be expected to do well. Doing the latter will enable us to not only reclaim the tradition and practices of *bikur*

cholim and pastoral care within Judaism, but to also propel the tradition forward as we learn from the past and move our ministry into the future. What we have come to see is that training does indeed profoundly translate into our ability to provide better care (for ourselves and for others), not only in crisis situations, but in our day-to-day interactions and relationships, and to apply Jewish tradition to modern circumstances which the rabbis of generations past could not have even imagined. While much has changed in the fields of healthcare and bioethics, what has remained the same is that people still experience moments of spiritual crisis, people still get sick, and people still die. What has also remained unchanged is the fact that these people still need our listening ear, our empathetic presence, our prayers, and our spiritual accompaniment. How, then, can we continue to deny the vital importance for us as clergy to not only be comfortable but competent in our role as pastoral caregivers?! The movement which initially saw the need for, and benefit of Clinical Pastoral Education may not have originated within Jewish professional circles, but we do a serious disservice to ourselves as rabbis, and to those within our congregations and communities, if we continue to ignore the opportunities for personal and professional learning and growth which we could experience by engaging the clinical education process. Judaism puts great emphasis on its heritage of learning and on the transmission of tradition. It is, therefore, beyond time for us to not only fully embrace Clinical Pastoral Education, but to bring to the surface what Jewish clergy could take away from CPE and also what Jewish tradition could offer to it.

Pastoral care has origins and roots firmly planted within Jewish tradition. While it may have been heavily influenced by Christian models and methods of training as well,

at its core, pastoral care from a Jewish perspective encompasses the fundamental values entailed in the *mitzvah* of *bikur cholim* and, in a much wider and more general context, the obligation incumbent upon all Jews to be holy as God is holy by walking in God's ways. Throughout Torah and rabbinic literature, we find God repeatedly attempting to meet the individual "*b'asher hu sham*," where he or she is[219] in light of current circumstances and realities. Perhaps, then, part of what it means to walk in God's ways is to emulate the Divine by journeying with other people—not leading from the front or pushing from behind, but starting where they are and walking by their side. When life becomes too much for us to deal with alone, the presence and support of a fellow traveler can help ease the burden. As clergy, it is an honor and our sacred responsibility to provide pastoral care in such moments, when we are invited into the life of another at what can be the most vulnerable of times. Our ability to tread lightly and to sit quietly as we gently hold the person's pain, fear, or grief can often be just as important, if not more so, than what we say or do in an effort to help and offer comfort. In 1 Kings 19:12, we read of Elijah's experience of God. Instead of being found in the wind, earthquake, and fire that were powerful enough to split mountains and shatter rocks, Elijah ultimately found God in what is literally translated as "the sound of thin silence."[220] Rashi, in commentating on this verse, offers us the interpretation that this means that Elijah "had heard the voice coming out of the silence."[221] What a wonderful and accurate metaphor for the Jewish tradition of pastoral care! In the midst of the wind, earthquakes, and fires in life, we, as pastoral caregivers, listen to the words and silences spoken by those with

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[219] Genesis 21:17. Tanakh: The Holy Scriptures. Philadelphia, PA: Jewish Publication Society, 1985.
[220] Katz, Rabbi Robert L. Pastoral Care and the Jewish Tradition. New York, NY: The Free Press of Glencoe, 1985, p. 109.
[221] Rashi's commentary on 1 Kings 19:12. In Pastoral Care and the Jewish Tradition. By Rabbi Robert L. Katz. New York, NY: The Free Press of Glencoe, 1985, p. 109.

whom we meet, and help them discern the still small voice of God speaking within their souls and moving in their lives.

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