

Journal of Jewish Spiritual Care

The Journal of the National Association of
Jewish Chaplains

Volume 11, 2011



Contributors:

Rabbi Maurice S. Kaprow,
Chaplain (Major) Carlos C. Huerta,
Deborah Ann Del Signore,
Chaplain Marion Yager Hamermesh,
Rabbi Yeheskel Lebovic, Chaplain Laurie Dinerstein-Kurs,
Rabbi Jo Hirschmann and Rabbi Nancy H. Wiener

Table of Contents

First Words: Rabbi Bryan Kinzbrunner, Editor	3
The Need for a Professional Chaplaincy: Rabbi Maurice S. Kaprow, BCC	4
Chaplains of Other Faiths on the Battlefield: Chaplain Major Carlos C. Huerta	15
A Picture's Worth 1000 Souls: Partnering Creative Arts Therapy and Jewish Spiritual Care: Deborah Ann Del Signore, M.A.A.T., ATR-BC	20
A New Paradigm for Reflecting on the Spiritual Content of Clinical Experience: Chaplain Marion Yager Hammermesh	39
Chassidism and Chaplaincy: Rabbi Yeheskel Lebovic, BCC	49
A Survivors Journey: Chaplain Laurie Dinerstein-Kurs	60
Insights about Self-Care from the Torah: Spiritual and Geographic Transitions of the Caregiver Rabbi Jo Hirschmann and Rabbi Nancy H. Wiener, D.Min., BCC	65
Statement of Purpose and Writer's Guidelines	73
Editorial Board Rabbi Bryan Kinzbrunner (Editor – in – Chief) Rabbi Ruth Smith, BCC Rabbi Ilene Schneider Rabbi Karen Bookman Kaplan, BCC Rabbi Joseph Ozarowski	

First Words

In my first foray into editing the NAJC journal, I cannot help but reflect on the needs of chaplains to write as a means of reflection. By putting word to paper, we allow ourselves to concretely analyze and contemplate situations that arise in our accompanying others through spiritual journeys. As you read through this issue, the first of many I hope to have the opportunity to present, notice the variety of material we confront in our pastoral and spiritual roles. From the personal experiences during war and tragedy, to the contemplation for improving the profession of chaplaincy, we are blessed with a variety of authors, all thinking and sharing from their unique places.

I would like to briefly speak to you about the future of this journal. My editorial staff and I are in the process of rethinking the mission of this journal. To move forward, we need two things from our members. We are interested in hearing from all of you with suggestions you might have to help us enhance this journal. Second, we are always looking for people to write on topics related to Jewish spiritual care, Jewish professional chaplaincy. As such, I would like to remind all of you that submissions can be sent any time during the year, regardless of publication date. If an article cannot be published immediately, I assure you that the writing will receive the due process it deserves in being published in future additions.

With that said, I would like to acknowledge and express my gratitude for all who submitted pieces, for without you, no journal would exist. Additionally, I must thank my editorial staff for their hard work and advice during the editorial process, for without them, this would not have come to fruition.

THE NEED FOR A PROFESSIONAL CHAPLAINCY¹

Rabbi Maurice S. Kaprow, BCC

Background:

The concept of Jewish chaplaincy can trace its beginnings to the principle of *bikkur cholim*, the mitzvah of visiting the ill, as discussed in the *Shulchan Aruch*, the Code of Jewish Law, in *Yoreh Deah*.² The idea of professional Jewish chaplaincy was developed by pioneers like Rabbi Howard Kummer, of blessed memory, and Rabbi Jeffery Silberman, who, in the mid-late 1980s, envisioned Clinical Pastoral Education (CPE), built on the prevalent Christian model outlined and practiced by Antoin Boisen, to be adaptable for Jewish chaplains.

In the late 1980s and early 1990s, the National Association of Jewish Chaplains (NAJC) was established and began working with other pastoral care groups which formed the Spiritual Care Collaborative (SCC). By the mid-1990s, NAJC had adopted the SCC's Common Standards for Chaplaincy Certification and began the process of awarding Board Certification to qualified applicants. NAJC's designation of a professional as a Board Certified Chaplain (BCC) was the beginning of a cadre of professional Jewish chaplains.

During this time, healthcare institutions employing a large number of chaplains were being effected by Medicare Diagnostic Related Group (DRG) issues. As is standard for most medical reimbursements, hospitals rely on Medicare funding to generate much of the income they need to operate. Most other service providers employed by healthcare institutions, i.e., social workers, physical therapists, etc., generate Medicare reimbursements for their employers. Pastoral care, however, is not reimbursable except for Hospice care. Accordingly, when service

¹ In this article, "chaplaincy" refers to any individual, either clerical or layperson from any faith denomination, trained in spiritual care through either CPE or its equivalent.

² Yoreh Deah, Chapters 335-340.

cuts must be made, it is easier to eliminate chaplain jobs that do not generate income rather than other specialties that do add to the bottom line.

To obviate these adverse actions, chaplains must be recognized as professional members of the care team. No institution would think of using volunteer respiratory therapists as the majority of their staff, yet they have no problem utilizing volunteer chaplains on a routine basis. To accomplish this goal, Congress would need to pass legislation authorizing payment for spiritual care.³ Because reimbursement is generally provided only to state licensed practitioners, the proposals below address the need for action at the state level as a prelude to Federal legislation.

The recognition that pastoral caregivers are professionals will require the combined efforts of all SCC members to accomplish the following tasks:

1. The establishment of standards of practice for each institutional type.
2. The development of quantitative and qualitative criteria to measure the efficacy of pastoral care.
3. The utilization of accepted institutional medical record charting to document encounters and to provide the necessary data (see 2 above).
4. The recruitment of allies in the quest to become reimbursable caregivers.
5. The development of contacts within each state to ensure that Board Certification from any of the groups who certify based on the SCC's Common Standards⁴ is accepted as the equivalent of educational licensing criteria for pastoral/spiritual care.

³ Pastoral or Spiritual care is not limited to Jewish theology. The concept transcends faith groups and addresses the core spiritual needs of every human being. That is often described in the literature as providing for the body, mind, and spirit of each patient/client.

⁴ Currently, those groups are the National Association of Jewish Chaplains (NAJC), the National Association of Catholic Chaplains (NACC), the Association of Professional Chaplains (APC), the Canadian Association for Spiritual Care (CASE), the American Association of Pastoral Counselors (AAPC), and the Association of Clinical Pastoral Education (ACPE).

6. The solicitation of author peer-reviewed professional articles about pastoral care based on the measures of efficacy developed (see 2 above).

Standards of Practice:

Currently, the SCC is addressing the issue of standards of practice for pastoral care in healthcare settings.⁵ There have also been calls by the author for standards of pastoral care in non-health care settings;⁶ efforts in that regard are underway.

Standards of practice are essential. They determine the professional nature of chaplaincy as opposed to the halachic standard of bikkur cholim,⁷ which include the duty of **all, professional or lay**, to visit the sick, to bring them comfort, and to help them with their needs. A common set of standards of practice establishes the skills necessary to effectively provide pastoral care.

In every healthcare environment, the standards of care are the operative test. They constitute the basic minimal requirements of professional practice, and only professionals are bound by them. They reflect the combined thinking of other professionals as to what should be done for the patient/client. Volunteers and other non-professionals are not expected to know or understand the rationale behind those standards and are not held accountable to them.

Professionals who do not follow the standards of care are subject to discipline, either in their professional forum, in the courts, or both. Not so for volunteers. If we are to maintain our bona fides as professionals, we must continue to develop and adhere to the established standards of care. More importantly, standards of care enable us to communicate to other healthcare

⁵ King, Steven, "Standards of Practice for Health Care Chaplains", Plain Views, Vol. 6 Number 1, HealthCare Chaplaincy, New York, 2009.

⁶ Kaprow, Maurice, "Re: Stephen King, Standards of Practice for Health Care Chaplains (PlainViews, 2/4/09, Vol. 6, No. 1)," Plain Views, Vol. 6 Number 2, HealthCare Chaplaincy, New York, 2009.

⁷ Shulchan Aruch Yoreh Deah, Seif 335.

professionals about chaplaincy in language that is common to all chaplains, and for us to effectively communicate among ourselves.⁸

Measures:

We must develop a series of measures of effectiveness in pastoral care. While anecdotal tales abound, we must develop measures that can be replicated wherever we practice. One good place to start is with the hospice model where pastoral care is a reimbursable service. Hospice chaplains have clear standards to which they are bound including spiritual assessments and charting requirements.

It is widely accepted that more is spent per patient in the last few months of life than at any other time. Anecdotally, in end-of-life care, pastoral care is one of the most effective modalities available and is certainly one of the most appreciated. Along with other caregivers, pastoral care advisors help patients and their families deal with and become comfortable with exceedingly difficult decisions at some of their most vulnerable and emotional times. The challenge is how to measure those outcomes.

Whatever measures we cite, we must be certain they can be replicated and that they are valid. Undoubtedly, we, along with SCC and the other cognate groups need to make this search for citable, replicable measures, a high priority. In the 1980s, there were early attempts at measuring the effectiveness of chaplaincy when McSherry demonstrated that pastoral care reduced the care patients needed and helped hospitals retain more of the DRG funds they were allocated.⁹ Now, we must find similar measures to make our programs economically sound.

Other measures will come from our newly-developed standards of practice and research as described below. Measures and research need to be utilized equally; both are essential for us

⁸ *Ibid.* King.

⁹ McSherry, Elisabeth; Kratz, Daniel; and Nelson, William A.; *Pastoral Care Departments: More necessary in the DRG era?* Health Care Management Review; Winter 1986, Volume 11, Issue 1.

to progress as a truly professional healing discipline. Without measures, all we have are our own anecdotes to show that our work is worthwhile. In the scientific and medical fields, this is not sufficient.

Charting:

Medical record charting is the primary method health care providers use to communicate with each other and to establish a permanent, reviewable record of their actions. In February, 1999, Gene A. Blumenreich, Esq., General Counsel to the American Association of Nurse Anesthetists (AANA), wrote in a legal briefing to the group:

Like many other healthcare terms, medical records are analyzed and described in the *Accreditation Manual for Hospitals*, published by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In addition to requirements on the administration of records by the medical record department, JCAHO has 3 requirements about medical records. First, they must be documented accurately and timely, and they must be readily accessible. Second, they must contain sufficient information to identify the patient, support the diagnosis, justify the treatment, and accurately document the course and results of treatment. Third, they must be confidential, authenticated, legible, and complete.¹⁰

Charting enables standards of care to be implemented appropriately and allows for peer review and critique of professional decision-making. Mr. Blumenreich concludes his article by stating:

It is thus apparent, even from these few cases that the chart or medical record is not a magic document which in and of itself confers liability or responsibility. It is a record, to be kept accurately, of a patient's care. It has such importance as a contemporaneous document that it should not be altered. It is not a place to conduct one's battles with hospital administration, nor is it a place to attempt to improve your position in the face of possible claims or challenges. While liability may be attached to signing the chart, the liability relates either to the patient's care or lack of care. The chart may create liability for those who fail to keep it accurately and correctly. The chart does not create responsibility for patient care; responsibility for patient care carries with it the obligation to chart.¹¹

¹⁰ <http://www.aana.com/Resources.aspx?id=2358>

¹¹ *Ibid.*

Charting notes generally follow the SOAP acronym, standing for Subjective, Objective, Assessment and Plan. The subjective portion of the note is a narrative describing what the patients tell you. The objective findings are the summary of the spiritual assessments we perform as we meet the patients (or at times, the patients' families). The assessment portion includes a brief summary of how we see the patients' current spiritual status as it relates to the patients' medical diagnosis and recovery. Finally, the plan is what we will do to help the patients improve their spirituality in accordance with the patients' desires and willingness to explore the issues.

Charting is an essential component in the professionalization of pastoral care. It reinforces our role as members of the health care team, provides a contemporaneous record of our practice, and demonstrates our adherence to the standards of care. In addition, charting data can be used anonymously, with permission from the institution that owns the charts, for research purposes. This gives us data for the written, peer-reviewed research that is also necessary for us to attain the professional status we seek.¹² It is essential that we write more than the useless statement, "pastoral care offered or performed."

Allies in this Mission:

We need to develop allies in our quest to be accepted as professionals. For example, hospital administrators who stand to gain additional income if our services become Medicare-reimbursable, and physicians and other healing professions who see the same needs we do are potential allies. We must convince other health care professionals that pastoral care is essential to the healing process, and encourage them to help us by making consultations for pastoral care part of their regular protocols. They need to be made aware that otherwise they risk losing professional chaplaincy to budget cuts for lack of reimbursement.

¹² 45 CFR 164.501, *et. seq.*

Legislators are important to our cause because funding is based on Medicare reimbursement. If Medicare allows a charge as a covered expense, it will generally be covered by private insurance as well. Medicare reimbursements are determined by Federal agencies. Accordingly, legislator interest will help spur adoption of Pastoral (Spiritual) Care as a reimbursable service.

Medical professionals are required allies. They exert tremendous influence on both hospital administration and on the legislature (or Congress). All medical groups lobby heavily in state legislatures as well as in the federal arena. Should they adopt our cause, their vast resources might well be used to help us gain the appropriate recognition from Medicare. In addition to the funding aspect, medical professionals should be shown the need to rely on professional chaplains in the interests of helping their patients meet discharge criteria more quickly because of the effect a positive spiritual outlook leads toward healing. In the Body-Mind-Spirit triangle that is essential for life, it is the professional chaplain who helps the patients fulfill and understand their spiritual needs.

While some medical professionals are, at times, reluctant to, or as an afterthought, request chaplain input during interdisciplinary care team meetings, we must make ourselves an invaluable asset to the team. That is accomplished when we regularly request to offer cogent information and observations, helping the team make sound decisions about our patients/clients.

It is incumbent upon us to describe our professional pastoral training and our certification process to medical personnel. This will help them understand and appreciate the benefits of our professional training as opposed to the local rabbi, priest, or minister. Once they recognize the benefits we provide, they become the most likely referral sources for patients and their families.

Medical and hospice administrators are also essential to our quest. Spiritual care is reimbursable as a hospice or end-of-life skill. Accordingly, the experiences of administrators on the positive impact of spiritual support on the wellbeing of their patients and families will go a long way toward legitimizing pastoral/spiritual care reimbursement in other settings.

Finally, the National Cancer Institute (NCI) has recognized Spiritual Care as essential in treating many diseases in addition to cancers.¹³ There is now a recognized branch of medicine known as Integrative Medicine that attempts to include other modalities in helping patients recover from and deal with major illness. The research the NCI has funded is a good starting place to find additional allies in this quest.

State Involvement and Certification:

Before we can become Medicare reimbursable, we need to obtain some sort of imprimatur from the state. There is a compelling state interest in licensing or certifying professionals, namely, to safeguard the public from those lacking appropriate credentials. In addition, the state requires an ethical code of conduct and must have a way of removing serious miscreants (e.g., those who have committed felonies or exhibited moral turpitude) from their professional practice.

NAJC, as well as all of its cognate groups, requires compliance with the common basic ethical standards we have established for our membership. Therefore, we are close to having our organizations, perhaps through the Spiritual Care Collaborative, form the basis for Boards of Pastoral Care in the various states. Generally, professional boards such as boards of medicine, nursing, etc. consist primarily of professionals appointed by the governor pursuant to statute, along with a few members of the public. These Boards both certify professionals based on stated

¹³ <http://www.cancer.gov/cancertopics/pdq/supportivecare/spirituality/HealthProfessional>

criteria and administer discipline to certified (licensed) professionals for violations of the groups' ethical standards or for failure to practice in accordance with the accepted standards of care.

Because the state is involved and the state is the licensing authority,¹⁴ disciplinary measures can take time to apply and always involve due process. These steps are in accordance with the procedures we follow before any negative certification action is taken against any of our members.

The state, like the SCC, will require annual or biennial continuing education. Again, this generally falls to the SCC or its individual groups to determine what constitutes continuing education. It is safe to assume that a member who meets our annual continuing education requirements will also satisfy the state's requirements.

Finally, state involvement in the licensing process works to our advantage because it demonstrates to the other health care workers that we are deemed qualified in our specialty by the governmental authorities. While some may argue that we should steer clear of any state involvement, doing so would preclude us from ever receiving reimbursement and expose us to a loss of positions during difficult economic times.

Professional Peer-Reviewed Writings:

Each of the healthcare professions has its own body of peer-reviewed, scientific-based literature. If we seek to join the ranks of healthcare professionals, we must develop our own peer-reviewed literature based on a scientific model that can be replicated. There is no healthcare profession without such literature. Without professional peer-reviewed research, we

¹⁴ The State's basis of licensure is generally based on the professional association's standards. Generally, one who is certified by NAJC or a cognate group would be deemed to be qualified based solely on that certification. Accordingly, if the cognate group rescinds certification, the state would, upon notification, begin its disciplinary process. Thus, NAJC and the other cognate groups would have primary control of who would be deemed a professional chaplain.

will not be seen as true professionals in the health care fields and it will be more difficult for us to obtain Medicare funding.¹⁵

Other organizations also have their written materials, although, they too are not peer-reviewed research based reports. It would certainly behoove the SCC to urge the undertaking of this type of project. While the narratives we do get are helpful to us, there are usually no control groups to provide the scientific basis to declare one procedural act better than another.

Other health-care professionals often do their research at major university hospitals, generally with the funds provided by specific granting sources such as the federal government, the Foundations and certain health-related charities, such as those that fund research into muscular dystrophy, cancer, multiple sclerosis, and cystic fibrosis. Chaplaincy, on the other hand, is not as attractive to research sponsors as these medical conditions. Therefore, those whose interest lies in increasing the scientifically-based best practices for chaplaincy will need to make their proposals to their employers if they do work for large medical systems, or to other research funders, to make the case for funding their projects.

Conclusion:

Chaplaincy is a profession and is clearly deserving of the same Medicare reimbursement as other providers of health care services. To do this, we must truly professionalize ourselves. We must make it clear that not just anyone can enter a patient's room and announce that they are chaplains without any CPE training. To do that we must educate those who employ chaplains about the difference CPE makes in professional practice.

We must also become Medicare providers. This will add greatly to our professional status because it will bring the imprimatur of government to our work. This, too, will preclude

¹⁵ Peer-reviewed journals include the Journal of Pastoral Care as well as other recognized medical, nursing, and allied professionals' journals.

those without credentials from calling themselves “chaplains” and will help us achieve the professional status we are seeking. Such a status will help insure that chaplaincy is not an expendable service at budget time because chaplains will be adding to the institution’s bottom line financially.

Professionalizing chaplaincy can only be a boon to us and is something the NAJC should seek in cooperation with the SCC. We would also encourage our members who hold dual membership in our cognate groups to join with us in this effort.

Chaplains of Other Faiths on the Battlefield

Chaplain (Major) Carlos C. Huerta, Fort Benning Jewish Community Chaplain

Mosul, Iraq: It was October 2005, the day before Yom Kippur. The Day of Atonement is supposed to be a day of fasting, reflection, and prayer for us as Jews: a time when we reflect on our own actions and intentions from the previous year. But the images I carried into my fast that year were sad ones, of someone else's child, a Muslim child. There was blood spattered on my uniform despite the fact that I had not been hit or wounded. Yet it was my own blood, mixed with the blood of a six-year old Iraqi boy who was observing his fast during the Muslim holy month of Ramadan.

That day there was a terrorist attack at a place most people have never heard of. That day, the day before Yom Kippur, some terrorists decided to kill some Iraqi citizens — good Muslims — in the city of Tal Afar in order to discourage them from voting in the upcoming election for the new constitution. These terrorists called themselves Muslims and claimed that what they did was for Allah. But their connection to Islam is about as true and strong as Timothy McVeigh's or the Ku Klux Klan's connection to Christianity. What they did was so contrary to the teachings of Islam that saying their name in the same breath as Islam could be considered sacrilege.

I was at the Combat Support Hospital — pronounced as CASH — when the call came: Terrorists had hit, no American casualties, but 22 Iraqis wounded, five of whom were children under the age of twelve. I stood on the tarmac watching as the MEDEVAC choppers came in one at a time to deliver the wounded. Many of the wounded had no legs, or deep chest, head, and abdominal wounds. I noticed the children, two in particular who had severe head trauma. I followed them into the ER and then watched our physicians struggle in the OR to stabilize them.

After the physicians did what they could, the children were taken to the ICU. I helped carry their stretchers into the ICU and stood by to see if I could help.

I, as the father of thirteen children, had a serious conversation with G-d. I prayed that He would take care of these kids — kids who should be playing soccer, or doing their homework for school the next day, or helping their parents get ready for the break the fast supper. Both of these children had skulls so badly shattered that their heads needed to be bandaged to keep their brains in. I watched as the nurses and medics gave them pint after pint of blood. I watched as their head bandages turned from white to red. I held the youngest one's hands. He was only six years old and though he was not conscious, I was reassuring him the best I could.

As they were giving the youngest his third pint of blood, I heard the nurse say that they were running low on O Positive, the universal donor. Due to tremendous internal bleeding, this child would need more. I asked what blood type he was, and it turned out both children were B Positive, my own blood type. I went to the head nurse and asked if I could donate blood for the children, and they quickly hooked me up and took a pint.

After giving it, I went back to see the youngest one again. He already had my blood hooked up to him and surging in his veins. I held his tiny hand and watched as the monitors told the story. His heart was in trouble owing to the brain trauma. I watched as he fought for his life, fighting to breathe. But I knew he was dying and there was nothing I could do. This innocent Muslim child, who had been observing Ramadan the way a child does, was now dying despite the fact that my blood was moving through his veins, despite the fact that I pleaded with G-d to do what I thought was right, to keep him alive. But G-d had other plans.

I didn't want this boy to die hearing the strange sounds of a hospital and a foreign language. I wanted him to be comforted by the last sounds he heard, by words that were close to his heart, words that spoke of home and faith. I started to recite the Qur'an to him in Arabic. My close friend, a fellow clergyman, Imam Burgos, the Imam for the United States Military Academy, had helped me learn Surahs of the Koran, and I chanted these aloud in Arabic to the boy. As I chanted, I heard the monitor go flat-line. I held his little hand, as my blood moved through his tiny pure heart that could no longer bear the evil of this world.

I held his hand and cried — cried for a boy whose name I didn't know, for an innocent Muslim child who gave his life for his G-d, Allah, and for his country. He was the true face of Muslim martyrdom. With tears streaming down my face, I looked down and noticed blood on my uniform. His blood, my blood, our blood had dropped from his open head wound onto my uniform.

An hour or so later I walked away into the waiting area as they prepared his body for transport. There I met another Army Chaplain, a Catholic priest. He looked at me and knew that I was in trouble. He sat with me, somehow knowing that the pain we felt was best not mixed with words. He quietly put his arms around me, and we both sat there in silence. I thought to myself, isn't this the kind of world we are fighting for — a world where an Imam teaches a Rabbi words from the Holy Koran to comfort a young Muslim boy, and that rabbi himself is comforted by a Christian, a Catholic priest.

On that day before Yom Kippur, the Jewish Fast Day, the Day of Atonement, I asked myself: What is Ramadan all about? What is Yom Kippur all about? Is it really about fasting and afflicting our souls? Or is fasting just a platform to get us to fulfill the words of the prophet Isaiah; the words we read before Tisha B'Av where he tells us that what G-d really wants from

us is just to do good, seek justice, and let the oppressed go free. For those of us who choose not to carry hatred and prejudice in our hearts, the answer is obvious. For the Islamic community, Ramadan is a time of introspection, of hope, of belief that if we all work together, we can truly build a better world for all our children, even those whose names we don't know.

One of the great blessings of the military chaplaincy is that we quickly learn there is so much that other beliefs and faiths can teach us about our G-d, about personal sacrifice and selfless service. Because we bleed together, offer our lives to each other in defense of our Nation, we as military chaplains become more willing to see the value offered by other belief systems. We see how other faiths sustain our soldiers in battle through some of the most traumatic and grueling experiences conceived by man. It is often through their faith that we as chaplains reconnect to our own. There is so much that we can learn about our faith, G-d and our journey through life through and from other faith believers.

However, if we consider their faith only with mistrust, hatred, and indifference, then this six-year-old angel with his faith in G-d means nothing. Instead, we diminish our own faith in G-d. If we objectify those of other faiths who don't share our exact views on the Universe or nature of G-d, if we see them as less than our brothers and sisters, then we as a human race are lost. Wisdom comes in all forms and places, and as the Sages of old asked and answered in Pirkei Avot, "Who is wise? He who can learn from all men (4:1)."

I didn't give birth to him, but on that fast day in Ramadan, on that day before Yom Kippur, I lost a son, someone who had my blood coursing through his body. And for him, I choose not to hate and to see the value of other faiths. I chose the standard of love and to follow the path that the great Sheik Ibn Arabi followed when he said,

“My heart holds in it every form,
it contains a pasture for gazelles,
a monastery for Christians,
There is a temple for idol-worshippers,
a holy shrine for pilgrims to Mecca,
There is the table of the Torah,
and the Book of the Qur’an.
I follow the religion of Love
and go whichever way its caravans lead me.
For Love is the true faith
And the only true religion.

A PICTURE'S WORTH 1000 SOULS: PARTNERING CREATIVE ARTS THERAPY AND JEWISH SPIRITUAL CARE*

Deborah Ann Del Signore, M.A.A.T., ATR-BC

Although not Jewish, I have worked as an art therapist in a Jewish organization serving predominately Jewish elders in a senior residential care center for over a decade. Over the years I have worn many hats, sometimes simultaneously, including art therapist practitioner, manager of the facility's Creative Arts Therapies department, director of its Alzheimer's special care community and, most recently, manager of Life Enrichment Services. I have worked directly with residents and have been responsible for overseeing large programming projects. These experiences have afforded me many opportunities to witness the importance of spirituality for specific residents and for the senior residential care community at large. As I've watched residents

- explore how being Jewish has impacted their life experiences;
- grapple with existential questions at the end of life;
- celebrate religious holidays;
- participate in weekly Sabbath ceremonies and worship services;
- come to the end of their long lives, surrounded by family.

I have seen how the presence of "the creative arts therapies" can enhance--or at least "hold"--the spiritual significance of these moments...and thereby enhance their sanctity.

* This article is from the forthcoming book, *Flourishing in the Later Years: Jewish Pastoral Perspectives on Senior Residential Care*, (2nd edition), edited by Rabbis James R Michaels and Cary Kozberg (Mazo Publishers, Jerusalem). Anticipated date of publication is January 2012.

I work for CJE SeniorLife in Chicago, a comprehensive network of housing, healthcare, community services, education and applied research. Since 1972 it has enhanced the lives of older adults and their families throughout metropolitan Chicago. CJE Senior Life serves over 18,000 people each year.¹ Their skilled nursing facility is The Lieberman Center for Health and Rehabilitation, located in Skokie, which is where I have spent the last decade of my professional career. Serving as many as 240 individuals on any given day, Lieberman offers various levels of care: skilled nursing, dementia care, short term rehabilitation and end of life care. Some people call Lieberman their home; others come for short-term rehabilitation services and return home after their stay.

Today there are a variety of living options for older adults. Those who become residents of long-term care facilities like Lieberman tend to be the oldest of the old, the frailest of the frail. Yet, despite their age and frailty, many of these individuals still possess tremendous spiritual strength, and thus we must be careful not to assume they come to nursing homes simply to die. Indeed, it has been my privilege to watch many older, frail individuals rediscover themselves and in some instances *reinvent* themselves at this stage of their lives. (Readers are encouraged to read the mission statement of the department at the end of this chapter.)

Before proceeding with this discussion, I want to briefly discuss some highlights of the movement toward “culture change” in senior residential care that is currently taking place in this country. It is a movement in which Lieberman is very much at the forefront—a movement which advocates the kind of change in which both pastoral care and creative arts therapies can and should play leading roles.

¹ For more about CJE, cf. Susan Buchbinder’s chapter “Cultural Competency in a Jewish Sponsored Senior Residential Care Setting.”

One of the desired outcomes of the culture change movement is to restore the focus on basic residents civil rights that was inadvertently pushed into the background, over the last half-century or so, as older adults became “institutionalized”. The traditional nursing home usually operates according to a “medical” model where sterile, regimented environments are considered to be most appropriate for the kind of care given. With less attention paid to resident rights, there has been an accompanying loss of focus on the *person* being cared for.

The culture change movement promotes the rights of individual residents to have a say in their care. It encourages facilities to help them to voice their opinions and keep everyday life tasks in a close locus of control: to be able to choose what they eat, when they eat, when they go to bed and when they wake up. In a word, it promotes the preservation of the same rights for nursing home residents that those who live independently enjoy, rights that many current residents also probably took for granted before becoming long-term care residents.²

At Lieberman, our belief is that the creation of relationships--between staff and residents, residents and residents, families and residents, families and staff--is of paramount importance to the health and quality of the culture we want to nurture for older adults in senior residential care settings. The creative arts therapies and a facility’s religious/spiritual program both instill a sense of being part of something larger than oneself. Indeed, religion and the arts have repaired broken cultures of the past and influenced the development of new cultures throughout human history. What follows are examples of how our Creative Arts Therapy program³ has elicited and

² For more on the “cultural change” movement in senior residential care, readers are encouraged to learn about the work of the Pioneer Network. (www.pioneernetwork.net)

³ It should be noted that the program referred to in this chapter is a creative arts *therapy* program, not merely a creative arts program. It is staffed exclusively by Master’s-level professionals who are clinically trained to utilize “arts modalities and creative processes during intentional interventions in therapeutic, rehabilitative, community, or educational settings to foster health, communication and expression” in order to “promote the integration of physical, emotional, cognitive and social functioning; enhance self awareness, and facilitate change.” (from NCCATA website)

supported the nurturing of the spiritual lives of our residents, and how we have partnered with those responsible for creating a vibrant and meaningful religious atmosphere--namely, our rabbi.

Jewish People and the Arts

A personal note: I have always been impressed with the importance of art in Jewish tradition and its appreciation among Jewish people.⁴ When I first came to work at Lieberman, I immediately noticed the large number of original artworks--many with Jewish themes--that hung throughout the building. There was a wonderful collection of unique and, in some instances, very valuable pieces of art everywhere. The entire collection was the result of a committed cadre of very generous individuals who donated the pieces to the home. Working in such an environment, I knew that, as an art therapist, I would be supported in bringing opportunities for creative expression to the residents.

A key teaching related to the practice of Judaism is the concept of *hiddur mitzvah* (“making the commandment beautiful”). What this means is that whenever someone is performing a specific religious duty, he/she should try to do so in a way that makes the experience more beautiful and aesthetically pleasing. So, for example, a Passover Seder plate should not be just a “plain” plate, but rather one that is specially decorated or artistically created for the Seder ceremony. In addition, the way that the ritual foods are placed on the Seder plate should also be intentional, with aesthetics as a main consideration.

⁴ Some time ago National Public Radio ran a story that members of the Jewish community give more money to the arts than any other religious cohort in the world. This did not surprise me and I have never forgotten it.

One of the hallmarks of Jewish tradition is that it is filled with lots of rituals. Some of these occur daily or weekly, some annually and others only during certain rites of passage. As with the Seder plate used at Passover, many of these are performed with specific items associated with them, and in the spirit of *hiddur mitzvah*, many of these items are created as beautiful *objects d'art* in and of themselves. These items include but are not limited to:

--*menorahs* (candelabrum used for Hannukah) ⁵

--*mezuzahs* (objects affixed to the doorposts with the verses from Deuteronomy 6:4 placed inside)

--Sabbath candlesticks and *challah* covers (covers for the special bread eaten on the Sabbath),

--hand washing cups, used before sitting down to a meal

--hand-fashioned “yads” (“pointers”: a tool in the shape of pointing finger used to read the Torah scroll)

--*kippot* (skullcaps), and

--*tallitot* (prayer shawls).

Not only do these objects resonate aesthetically with residents, they often strike a powerful spiritual chord as well. I have worked with people who have found significant meaning and comfort in re-creating ritual objects from their past, or in making new ones for their use in the present. Both keep them connected to the religious tradition that came before them--and will continue after they are gone. The effect of this blending of the arts and religious tradition on individuals was powerfully illustrated by one woman I will call Miriam.

A short-term rehab resident, Miriam was passing the art studio one day and noticed that we did not have a *mezuzah* on the door, and decided then and there to make one for us. Coming to the studio every day after her physical therapy session, she sculpted, painted and fired her

⁵ Menorahs from the 19th and 20th centuries can be very ornate and elaborate (often commissioned by wealthy individuals), or very simple (reflecting the modest circumstances of poor *shtetl* life in Eastern Europe). However, although the latter are often modest, they are invariably quite beautiful.

ceramic mezuzah. Then, with the assistance of the rabbi, she obtained the appropriate religious script (see above) to place inside the *mezuzah* and hung the *mezuzah* on the door of the studio. Although short and mostly focused on her physical rehabilitation, Miriam's stay at Lieberman was enriched by her commitment to Jewish tradition and art making. Her spirit as well as her body became stronger as she gained a renewed purpose and meaning (a major goal of culture change). And when she returned for other stays at Lieberman, she always came to the studio to take a peek at *her mezuzah*. Working with Miriam, I saw again how art is so naturally woven into the fabric of Jewish life, and how experiences like this can influence Jewish older adults to access the arts as a vehicle for emotional and spiritual healing and support.

Arts, Meaning, and God

As a person ages and the productive days of adulthood give way to more time spent reviewing one's life, there tends to be a new search for meaning and the asking of existential questions: *Why am I here? What is/was my purpose?* Of course, the answers to these questions are never objective but subjective, and in their search people may turn to therapy and/or religion. In some forms of therapy with older adults the concept of a "God" or a Higher Power is often intrinsic to a person's search for meaning--which itself is affirmed by several theories of human development as being necessary in later life.

For example, I once worked with a woman who explored the meaning of God through the imagery she created in her painting, as well as in our discussions together. She reflected on the challenges she faced in her life, specifically her lifelong struggle with bi-polar disorder (which caused several hospitalizations during her nine decades of life) and the premature death of her husband and adult child. She was trying to make sense of her life and come to a comfortable resolution of why she was asked to carry these burdens. She decided to turn to God, "in His glory

and mystery”. One of the images she painted was of an autumn tree on a grassy knoll under the brilliant light of a blue sky. She was exploring the concept of “the god within” and how it can be very much entwined with the self. She explained:

I think that painting has done a lot for me. I would want people to get a feeling of color when they look at my painting. This painting gives off the feeling of being one with nature. I think that you get a feeling that you are with G-d(sic). I tried to capture the colors of the sky, the ground and a storm might be coming in. I really like the sky. I think that colors are the things that an artist should get at, as well as the pathos and the happiness of the person that is making it. I think people have to paint with emotion. If they have no emotion how can they paint? I put down what I feel in my heart.

Some believe, as do I, that all of our expressions are a direct portrait of our Self at any given moment in time. This woman was at the stage of development in which her reflections supported the notion that the sense of Self and the sense of God can be experienced as almost indistinguishable from one another.

Nature was a common motif in this woman’s art. She also frequently juxtaposed polarities in her work. For example, she might express a fretful anticipation of a storm with a calm appreciation of the beauty of a landscape. One memorable example of her juxtaposing polarities was one particular image in which she expressed both praise and fear of God. She depicted a woman being engulfed by beautiful, yet turbulent waters caused by an impending storm ...

The turbulence of Nature’s own art...the miracle of what “G-d” performs...Do we dare face the fury of Mother Nature?

This is just one example of an art-based response to some of life’s “ultimate questions”, which may include various existential quandaries and/or conversations with God. All are quests to find meaning and purpose in a life that is drawing to a close. Unfortunately, in traditional senior care settings there has been little support offered to residents to help them explore and process these

developmentally necessary thoughts and feelings. Yet, from what the few examples offered above show, such support can obviously make a huge difference in a resident's psychological, emotional and spiritual wellbeing. For this reason, it seems obvious that similar programs are called for in whatever group settings older adults reside. Indeed, these examples also show that the big questions about life do not have to be explored exclusively within the "religious and spiritual" realm. On the contrary, the methods and approaches offered by the creative arts—specifically image-making and creative writing—present a unique compliment to more "traditional" religious and spiritual approaches: they offer a vehicle by which people can continue their individual searches for meaning in ways that are unique and transformative.

Art, Religion and Identity

As an arts therapist, I understand my role as one of assisting clients to find the best, most accessible creative medium for them, and then provide a safe and supportive environment for self-expression to occur. I tend not to give directives when working in groups or with individual clients; I believe we can find the content of our art within ourselves, and that the content chosen is what matters most to us at any given moment. Following the writings of the late gerontologist Robert Butler, an arts room should be a place that encourages the natural tendency of individuals to review their lives as they get older, for the purposes of resolving life issues. In my work, I have seen many people do this, using Jewish culture as a guide and set of reference points. This happens in many ways.

Some re-image stories from the Torah that they have heard throughout their lives. For instance, one woman fashioned a very intricate clay sculpture of Mount Sinai with a bearded Moses carrying the tablets of the Ten Commandments down the mountain. A few people have drawn or sculpted a burning bush. Noah's Ark, with pairs of every animal she could think of,

was one woman's project for many months. Paintings of the parting of the Red Sea have also been popular.

Sometimes the memories and events that residents explore are more specific and more personal. One woman who was unable to attend her grandson's wedding sculpted a multi-media bride and groom standing under the *chuppah* (wedding canopy).

Exploring Jewish identity through film

Five years ago we started a film program, called *Inner Views*. Its purpose is to create 30-minute interview-based documentaries about the residents living at Lieberman. The recorded resident interviews are viewed by all direct care staff, so that they can learn more about the lives of individual residents. In this way relationships between caregivers and residents will improve (as will care practices) and the sense of community in the nursing home will be strengthened.

To be sure, the project has proven to be most dynamic and has several positive effects that are beyond the purview of this chapter. However, one relevant effect has shown how creating such documentary films can serve as an outlet for residents to express their Jewish identity. During these interviews many participants discuss honestly and authentically what it has meant to them to be Jewish, or how being Jewish affected their lives. In one film, a resident shared his story about being a young Jewish man during World War II. Although he really wanted to serve in the army, he was rejected due to his weight and had to work in a factory making bullets. Wanting to do his part back home so that soldiers serving "in the wilderness" would have all that they needed to protect themselves, he made sure the machines worked at full capacity. In return for his hard work, his fellow workers taunted him for being Jewish. Unbeknownst to him, they would place "rejection slips" on his back that indicated that he was

Jewish, and therefore a “reject”. During the making of the film, this gentleman told the interviewer that he was so saddened and upset by this taunting, that he “actually cried”. But the story had a happier ending: eventually he was accepted into the army after quitting the job at the factory and spoke about how proud he was to finally be able to “fight the fight”.

In another film, a survivor of the Holocaust shared her entire story of what happened to her during that terrible time, parts of which she had never shared with her family. Because of this program, she was able to tell her story of how, as a teenager, she lived alone in the woods for months, having to pretend to be someone she was not because she “was afraid to say (she) was Jewish”. Although this woman passed away very soon after her story was filmed and screened, the sorrow felt at her passing was mitigated by the joy that she had finally been able to share her terrible ordeal with others, in a safe and nurturing environment.

Jewish Identity and Practice for persons with Dementia

As arts therapists we believe that although cognitive capacities may weaken or be lost, the essence of a person is always present. Thus, even though cognitive losses may inhibit effective self expression, our responsibility as arts therapists is to provide guidance and opportunities that foster self-expression, and thus keep individuals connected to their religious and cultural heritage. In my work over the years with Jewish residents, I have found that tapping into a person’s Jewish identity is a very effective way to help that person express him/herself, even when he/she is living with severe dementia, as the following examples attest:

When an expressive therapist (an arts therapist who incorporates a variety of art modalities into his practice) visited our memory care community, he was able to visibly engage Jewish members of that community by having them sit around a Passover table and reenact relationships with significant loved ones who were no longer alive. During the exercise, they

were also able to recall and access the details of the Passover *Seder* meal and rituals which made the program even richer and more edifying for them.

Creating worship experiences that have been adapted to their particular situations is another important way of keeping Jewish individuals with dementia connected to their religious and cultural heritage. For the past few years our music therapist has partnered with a volunteer (the wife of a local rabbi) to conduct High Holiday services specifically for persons living with moderate to severe dementia. With this population, a standard worship service is usually too long and/or too complicated to follow. With her knowledge of dementia and how to engage those with significant cognitive impairment, the music therapist created a worship experience which enables this population to be active worshipping participants during these most sacred days of the year. The adapted services are held in a residential part of the home with a more intimate ambience, and are much shorter in length (45 minutes as opposed to the two-plus hours in the synagogue).

Music is an extremely important part of this experience because it taps effortlessly into the needs and strengths of persons living with dementia. During these adapted High Holiday services, prayers recited daily are chanted, and familiar songs specific to the traditional High Holiday liturgy are also added to help those present better identify with both the experience and the season, while also feeling successful while participating. Of course, active participation is encouraged and often opportunities for reminiscing are incorporated to help those present feel more successful and “connected”. Another (favorite) example of “connecting”: A few years ago we had a drama therapist visit the residents of our Alzheimer’s Special Care Community on a regular basis. I’ll never forget walking past his group one day and watching as a woman, who

was for all intents and purposes non-verbal and confined to a wheelchair, stood up, held an imaginary wine glass and exclaimed “*L’chaim!*”⁶

End of Life

During my time here at Lieberman, some of the most spiritual moments I have experienced have occurred when life is ending. I have sat with people who were dying, as their families held hands and, with the help of a music therapist, sang songs as their loved one took his/her last breath. I have also seen that just as individuals turn to religion toward the end of life, sometimes they also are supported and nurtured in this last life passage by remaining creative and making art. During the last months and days, there is often a clear transformation, evidenced by their changed facial expressions, which is humbling to witness.

One particular resident was a woman coping with a diagnosis of terminal cancer. In the last three months of her life I assisted her in an image and poetry-making life review that ranged from exploring her relationship with her beloved dog and members of her family to her travels around the United States in an RV with her husband. This was an emotionally rich time in her life, filled with tears and laughter. Under her direction we made a portfolio of her work, which she requested to be given to her son upon her death. As she grew weaker during her last few weeks she would leave her bed only to come to the art therapy group twice a week. The day before she died she turned to her son and said, ‘If this is D-E-A-T-H, then there is nothing to be afraid of.’ I cannot help but believe that the reason she had come to accepting her impending death was largely due to the creative life review upon which she had embarked in her final months.

Creative Arts Therapies and Religious Life

Opportunities to collaborate

⁶ The traditional Jewish toast *L’chaim!* means “to life!”

Weaving Jewish spiritual care together with the creative arts makes direct collaboration with the rabbi/chaplain indispensable. This partnership between the members of Creative Arts Therapy department and the rabbi/chaplain here at Lieberman has taken many forms over the years. But in all of its forms, it is partnership that I have always valued.

Since both departments respond to the reality of death regularly, one area for significant and ongoing collaboration has been around the creation of a ritual of remembrance to honor deceased residents. This includes a memorial service which is conducted by the rabbi, along with our transforming the synagogue into a gallery in which the deceased residents' artwork is displayed. This allows family and loved ones to grieve their loss in a traditional manner, but at the same time celebrate the life and creative energy of the person being remembered.

Another unique example of our collaborative efforts was the creation of a weekly group combining arts therapy and pastoral care that the rabbi and I would facilitate together. I will admit that perhaps my initial enthusiasm was a bit "selfish;" not only was this a great way to address issues of religion and spirituality that clients often bring to our work together, but it was also a wonderful opportunity for me to increase my limited knowledge of Judaism. And the fact that the rabbi played the guitar made this combination of the arts and religion all the more fitting!

Our plan was to focus on some well known selections from the Book of Psalms through group discussion and art making. We began each session with music to set the mood, which led into the reading of the particular psalm for that week. The reading was followed by a group discussion which dissected certain verses within the psalm. The last part of the experience was to express, through drawing, any personal responses--thoughts or feelings--that the verses and/or discussion elicited.

The group was both exciting and unique in purpose, content and makeup, since many of the people who decided to join us were not the “regulars” in the studio. Instead, they were predominately those who participate in the religious life offerings at Lieberman, and reflecting on their religious and spiritual “selves” through drawing was a new experience for all of them. Expecting some of them to be resistant to art making, I was pleasantly surprised when consistently everyone participated fully in all of the parts of the group experience.

This consistency on the part of the participants may have been a function of the consistency of each session. The reading of the psalm was followed by a simple question “What does this mean?” to elicit cognitive responses. The drawings, on the other hand, focused on responses that were more affective, by helping to apply the determined meaning of the psalm to personal experiences and reflection. Indeed, the program’s worth was seen not only in *who* participated, but also in their responses: many expressed both astonishment and gratitude at being able not only to connect with a part of their Jewish heritage heretofore unknown, but also experiencing it in ways that were gratifying and healing.

Religious life, creative arts therapies and building community

In our effort to strengthen our sense of community among those who live and work at Lieberman, our Creative Arts Therapy team has put together several arts-based projects, some of which have a Jewish religious component to them. They may be as simple as the spontaneous singing of holiday songs during Passover or Hanukah, (perhaps with a particular resident as the leader), contributing a resident’s artwork for CJE’s Rosh Hashanah card, or facilitating a resident “band” to play musical instruments during weekly religious services. Others involve a bit more planning and effort—such as our project in which older adult artists from among all of the clients our agency serves explored what it meant to be Jewish through a collection of murals that were displayed in a downtown Chicago gallery.

Some of our art and religious-based community building projects take place over longer periods of time, which creates opportunities for several gatherings. Sometimes they are “collective works” in which several hands (and hearts) contribute to the same image. Our *Tree of Life Project* was just such a project, and has proven to be a wonderful example of how the arts can be used within a senior residential care setting to create a stronger sense of community through the exploration of spiritually significant topics.

The Tree of Life Community Building Project was a 12-month, multi-sensory, interdisciplinary exploration of the “tree of life”, a familiar Jewish theme. The overall design was created by our Creative Arts Therapy team, while the small group experiences were facilitated by members of the Life Enrichment Services team. The creative arts therapists worked with a leadership group of residents who made decisions about the final art piece and the general progress of the program at large. Discussions about the spiritual and religious significance of this theme in Jewish culture and teachings were led by our Rabbi. The project culminated in a large-scale artwork for our community, a multi-media work on canvas, 9 feet tall x 6.5 feet wide.

(Figure 1)

We divided the year-long project into several metaphorically rich phases based on the parts of the tree: *Seeds: Wishes for the Future; Roots: Personal Traditions; Trunk: Strength; Leaves: The Circle of Life*. Each phase incorporated story, music, ritual, and art-making and was thoughtfully designed and executed to engage participants in the Tree of Life topic, with its connections to nature/natural processes, the human life cycle/seasons of life, spirituality/Judaism, and our human experience of time (past, present, and future). Over 120 participants had the opportunity to create a multi-media art piece to be later incorporated into the overall Tree of Life image on canvas.

To initiate each phase of our Tree of Life project, the Rabbi led the CJE community in exploring Jewish and spiritual issues by sharing scholarly knowledge and traditional wisdom to deepen the participants' spiritual connection to the Tree of Life. Throughout the different phases, he connected the themes explored in small groups to Jewish history, tradition, custom, and story. The residents listened and added their own thoughts in response to his description of the various trees in the Garden of Eden and to the Talmudic tale of the olive tree planted in the present to benefit future generations. Together, the Rabbi and the participants shared thoughts about the Jewish life cycle and the life of a tree-- how each part of a tree is much like a part of our self. Expanding this theme, the Rabbi compared each resident's individual importance and contribution to the world to that of the Tree of Life.

The final product was unveiled in a final celebration to a packed room of community members, staff, family and volunteers just prior to the Jewish High Holidays. The Tree of Life project was a tremendous success in bringing the community together by searching out the religious and spiritual meanings of "the circle of life" through the arts. Today the "Tree" hangs proudly in our synagogue and continues to be a source of inspiration, especially during Shabbat and holiday celebrations.

Conclusion

The foregoing article contains examples of programs that are possible and necessary if the culture of long term care for older adults is to be transformed into something that affirms the lives and dignity of its residents. I truly believe that the disciplines of creative arts therapies and religious life/spiritual care can be keys in making this much needed change happen. In our own unique ways we can provide a vehicle for a comfortable passage through the last stages of life—a time when existential questions—which sometimes have no answer--come to the forefront and

invite inner reflection. In this way, we can also offer opportunities to individuals to carefully and meaningfully explore their beliefs about this life and perhaps the next. Collaboratively, our two disciplines can promote the creation and maintenance of relationships among all those who live in, work at, or visit the communities we serve. I hope our experience will inspire other creative arts therapists and chaplains to come together to support and enrich the emotional, social and spiritual well-being of Jewish elders living in similar settings, today and tomorrow.

VISION STATEMENT of CJE Senior Life's Creative Arts Therapies department at the Lieberman facility

Creative Arts Therapy at CJE Senior Life promotes personal growth and change by using art forms and clinical methods for individual and group therapy in an innovative, collaborative environment, executed cohesively across the continuum of care. We engage our clients through practices that integrate mind-body-spirit, build community and invite them toward self-discovery, awareness, and healing. As leaders in our field, we strive to be a best-practice, research-based discipline that empowers our clients, fosters well-being and independence, and sets the standard for creativity and innovation in eldercare. We will be recognized as the premier model for providing Creative Arts Therapy for older adults in metropolitan Chicago and beyond.

Creative Arts Therapy at Lieberman Center for Health and Rehabilitation uses the arts therapeutically to actively engage community members and improve quality of life through personalized interventions based on individual goals.

We provide three main areas of service: Clinical, Wellness and Community Building through the Arts.

Clinical services are provided to individuals with special psychological and/or physical needs and are referral driven. Both group and individual sessions are designed to meet these needs.

Wellness experiences are open to the general Lieberman Community and provide meaningful arts-based opportunities for self-expression, self-exploration and socialization.

Community Building through the Arts programming facilitates connections and creates a stronger sense of belonging among Lieberman community members by coming together and using the arts to work toward a shared goal.

Resources:

How to find a creative arts therapist:

American Art Therapy Association

www.arttherapy.org

American Music Therapy Association

www.musictherapy.org

American Dance/ Movement Therapy Association

www.adta.org

National Association for Drama Therapy

www.nadt.org

A New Paradigm for Reflecting on the Spiritual Content of Clinical Experience

Chaplain Marion Yager Hamermesh

One day early in my CPE residency at the Hospital of the University of Pennsylvania, I discovered the article “Nearly Everything We Wish Our Non-Jewish Supervisors Had Known About Us As Jewish Supervisees” by Rabbi Bonita Taylor and Rabbi David J. Zucker¹⁶. I think I began to breathe that day for the first time during my residency. I felt validated in my experience of how the roots and therefore the guts of the CPE process are overwhelmingly Christian. Knowing I was not imagining things helped me work through my discomfort. Later, when we were given a task that was simply impossible for me to carry out with integrity, I felt empowered to speak out.

The clinicals in our second unit were focused on Theological Reflection for which we were given a few models. This article is the story of one of those and the paradigm that I created in response to it. The goal of this new paradigm is to encourage reflection without using instructions that confine a student to any one theological mindset. The paradigms are included below.

At the end of the first chapter of *The Art of Theological Reflection*, Patricia O’Connell Killen and John De Beer¹⁷ write, “to practice theological reflection we must be able to pay attention to and inquire about the meaning of our individual experiences, our world, and our religious heritage.” The authors favor the standpoint of exploration over the standpoints of certitude and self-assurance as the support for theological reflection. Paradoxically, their book

¹⁶ The Journal of Pastoral Care & Counseling, Winter 2002, Vol. 56, #4.

¹⁷ Killen, Patricia O’Connell and John De Beer, *The Art of Theological Reflection* Crossroad, New York, 1994. Introduction and Chapter 1.

and the paradigm for reflection that was derived from it are mired in an off-putting certitude and self-assurance.

They offer a disclaimer:

While this book is written from and about the Christian tradition because that is the authors' own, what it says about theological reflection can be extended with *appropriate modifications* to other religious heritages as well.¹⁸

While it may seem possible to substitute “synagogue/mosque/ashram etc” for “Church,” or “covenant” for “Gospel,” and it may be possible not to tire of constantly substituting “Jewish/Muslim/Buddhist etc tradition” for “Christian tradition,” these are superficial and ultimately unsatisfactory adaptations. They simply result in slotting words into sentences that someone who is not Christian might never have formulated. From their backgrounds as Christians, the authors write as Christians.

As a non-Christian CPE student, I found it impossible to work within the paradigm based on their book. (Appendix 1 below) It did not resonate with my experience of the world and so could not serve as a guide for me “to pay attention to and inquire about the meaning of [my] individual experience, [my] world, and” certainly not “[my] religious heritage.” Furthermore, I doubted whether I would have been able to respond in a meaningful way to the presentations of my colleagues had they used this paradigm.

Trying to stay with Killen and DeBeer’s intention of inspiring the practice of “paying attention to and inquiring about the meaning of our individual experiences, our world, and our religious heritage,” I created the following paradigm in lieu of making the suggested “appropriate modifications.”

While the impetus for this work came from my own discomfort, support for creating an alternative came from the other three residents in my program. My colleagues were also uneasy

¹⁸ op cit p. 19. Author’s emphasis.

about the language Killen and De Beer use. They also felt that the paradigm based on Killen and De Beer did not speak to their experience of the divine. They agreed that Section “e” of the paradigm would not be a helpful guide for reflecting on their experience.¹⁹

Furthermore, they were put off by some of the theological concepts put forward by Killen and De Beer. One resident doesn’t believe in sin as such. Another is concerned that the discussion of sin might lead to the suggestion that an ailment is deserved, and a third wrestles with the idea of representing improvement as being necessarily salvific. All three found the model limiting in its arbitrary association of creation, sin, grace, and salvation with imagining the world, destruction, life-giving, and life improvement respectively. They were all uncomfortable with the strength of the Christian imagery, concerned that this limited access to the process of theological reflection, not only for non-Christians but also for those whose point of view toward Christianity was different from that of the authors. No one was satisfied with the authors’ disclaimer.

The current paradigm is a response to those concerns. With the support of our supervisors, Randy Shoun and Ralph Ciampa, we embarked on a journey of discovery. Although I lead the group, this paradigm resulted from a group effort. My three colleagues and I each proposed questions, methods, and models. We also interviewed a Buddhist and a Muslim who had CPE experience to try to discover from them what questions would be relevant and what language would be comfortable for them.

During our work, several people raised concerns about using language that narrowly represents the work of a chaplain as being based in religion rather than in the broader and more inclusive realm of spirituality. In response I have first of all changed the title of this instrument

¹⁹ We did not experience the work of seeking an image that reflects the “heart of the matter” as described in sections a – d; our quarrel is with section e.

from *Theological Reflection to A New Paradigm for Reflecting on the Spiritual Content of Clinical Experience*. This is more cumbersome but it allows for the possibility of non-religious spiritual reflection. Secondly, I have used spiritual/sacred/divine/holy throughout in order to permit people of various religions or no particular religion access to the process.²⁰

I sent an early version of the paradigm to several CPE supervisors²¹ who welcomed it as a much needed alternative to Killen and De Beer. All were helpful as I edited and tweaked both the content and instructions. Randy Shoun said, *“I think it invites people to look deeper inside themselves in a manner that would feel “safer” and more open than some processes we (I) have used in the past.”* Tiina Nummela said, *“What I really like about it is that it almost forces students to discuss their work theologically - not an easy task! It also takes the focus off of “doing” i.e. performance of pastoral care and focuses on the “being”, which is the essence of pastoral care.”*²²

I offer this paradigm to the CPE community in general and the NAJC community in particular with the hope that future CPE students of all faiths will be able to encounter the process of reflecting on the spiritual content of their clinical experience within a non-threatening context.

I welcome comments and would be grateful to hear about people’s experience of using this paradigm.

²⁰ Interestingly, the model from Killen and De Beer does not have this problem as it does not, except in being named *Theological Reflection*, explicitly mention deity.

²¹ Allen Kramer-Moyer, Phoebe Ministries; Randy Shoun, University of Tennessee Medical Center; Dayle Friedman, Reconstructionist Rabbinical College, HUP Department of Pastoral Care advisory board; Tiina Nummela, Robert Wood Johnson Hospital, New Brunswick; and Jim Browning, Bethany Village and HUP.

²² private correspondence

Appendix 1

(Based on Killen and De Beer and as found in the HUP CPE manual)

- a. This model begins with a verbatim reading omitting the reflections
- b. The presenter then identifies primary feelings stirred by the reading.
- c. The presenter then articulates the “heart of the matter.”
- d. The presenter then quietly seeks an image that reflects the “heart of the matter.”
- e. The presenter then brings questions from her/his religious tradition to the image. Killen and De Beer identify these four from their Christian tradition:
 1. What is the world like in this image? (Creation)
 2. What is destructive in the image? (Sin)
 3. What is life-giving in this image? (Grace)
 4. What would make things better in this image? (Salvation)

The same questions can be addressed to some resources from the religious tradition, which the presenter associates with the image.

A New Paradigm for Reflecting on the Spiritual Content of Clinical Experience

These questions comprise the third segment of a clinical presentation. They follow a brief introduction to the context and facts of the case and a verbatim dialog. In the interest of time, preliminary discussion about these elements should be limited to points of clarification.

Suggested timing for a 1.5 hour session

A. *Presenter reads introductory material: facts, context etc. and the group asks clarifying questions: 10 minutes*

B. *The clinical interaction is read. The group asks clarifying questions: 20 minutes*

C. **Reflection:**

1 hour - Part I: 15 minutes Part II: 30 minutes Part III: 15 minutes

C. I. The Chaplain's experience of the encounter 15 minutes

(To be written by the presenter in advance and read to and discussed by the group.)

a. Before: How did you prepare yourself to be present for the encounter?

b. Afterwards: To what extent were you able to separate yourself from the encounter and move on? How did you proceed? What, if anything, is left unfinished?

c. What themes from your spiritual heritage/faith/tradition/perspective were evoked by this encounter?

C. II. The Group's experience of the story of the encounter: 30 minutes

The group responds to the encounter as described by and reflected upon by the presenter in part I. (The group offers ideas. The presenter scribes, preferably on a pad on an easel for all to see. The presenter responds after each question.) (In the interest of time, it might be necessary to respond to only one or two of these. Either the facilitator or the presenter might choose which one(s). In that case, I would recommend a. and either b. or c.)

a. The manifestation of a spiritual/sacred/divine/holy presence:

i. Did the spiritual/sacred/divine/holy manifest as an imminent presence?

Discuss

ii. Did the spiritual/sacred/divine/holy manifest as a transcendent presence?

Discuss

b. The role of the spiritual/sacred/divine/holy:

Into what role(s) did the various participants in the encounter place the spiritual/sacred/divine/holy? (examples of such roles include but are not limited to: responder to prayers, controller of destinies, healer of the body, spirit or mind, holder of the power to cure...)

c. The nature of the spiritual/sacred/divine/holy presence:

Was something that you already knew about the nature of the spiritual/sacred/divine/holy confirmed, made clearer, or enriched by this story? How so?

Was something new about the nature of the spiritual/sacred/divine/holy revealed to you through this story? How so?

C. III. Synthesizing Question(s)

15 minutes

The entire group responds to their experience of reflecting on the event during Part II. The presenter may also respond to the experiencing of the event itself.

The presenter chooses one question for the group's response. If time permits, more than one of these can be explored.

a. Did this encounter and/or the experience of reflecting on it disrupt your sense of the spiritual/sacred/divine/holy or your sense of your relationship with the spiritual/sacred/divine/holy? In light of this, how will you re-create your relationship with the spiritual/sacred/divine and re-integrate it into your life?

or

b. What unexpected thoughts and feelings arose during this encounter or during this reflection? What secrets were revealed? What new insights were uncovered? What puzzles you about this event?

or

c. What insight will you carry into your life from experiencing this encounter and/or from reflecting on it?

Chassidism and Chaplaincy

Rabbi Yeheskel Lebovic, BCC

My Pastoral Background

I am somewhat new to chaplaincy, having entered into it approximately seven years ago. One of the initial difficulties I had with chaplaincy was the word “spiritual,” as its use within the pastoral context did not fit the way I related to it in my religious and educational background. Since much depends upon the correct definition of a word, lacking a precise definition leaves more room for ambiguity.

I have a pulpit in Maplewood NJ. When I first entered the pulpit ten years ago, my knowledge of chaplaincy was very limited. My predecessor, Rabbi Sholom Gordon *a”h*, had been a chaplain for many years. As an outsider to chaplaincy, I believed all chaplains to be similar, be they hospital or army chaplains. The common denominator of all chaplains was, in my mind, that they would facilitate prayer services, pray for the sick and wounded and provide some type of moral support. Upon obtaining that pulpit, I thought, ‘wouldn’t it behoove me to look into the field of expertise for which my predecessor was so well known?’

My quest did not proceed so rapidly, but eventually, chaplaincy caught up with me. I followed the path of four CPE units and a residency. I was placed in a Social Service position during my residency, in a Continuing Day Treatment Center run by FECS in Brooklyn, working with the mentally challenged. They liked my work, so they hired me after my residency. I eventually became a Board Certified Chaplain.

Searching the Torah and Chassidic Roots

My perception of Chaplaincy has changed drastically in the course of the ensuing years. Knowing that classical chaplaincy has its roots in Christian practice, I started to search for

Jewish sources, especially Chassidic ones, that validate the process of helping the patient/inmate/client to articulate his/her pain, thereby alleviating it, as well as presenting an understanding of and evidence for the value of presence - besides the general mitzvah of *bikur cholim*, which is incumbent on all. As I searched, I found various Biblical, Talmudic and Chasidic sources, from which it became clear to me that chaplaincy is indeed rooted in Torah sources.

On the Biblical level, we have the verse: (Proverbs 12:25): “worry in one’s heart *yasichena*.” The Talmud (Yoma 75a) reads two meanings into *yasichena*: one is that “he should *talk it out*.” Talking it out will dispel it. One reason for talking things out was explained in the Chassidic classic, *Likutey Torah*, of the first Chabad Rebbe, R. Shneur Zalman of Liadi (*Likutey Torah*, Vayikra 52:1). He discusses various types of delights and pleasures and how we experience them. Speech, for example, has the ability to elicit pleasure and delight. This can occur through delighting in humorous or poetic oral expressions. Once the pleasure factor is activated verbally, it has the natural ability to dispel pain and mental anguish.

Elsewhere in Chassidic writings, it is explained that, for optimum results, the person the pained one talks to, should preferably be someone with whom he feels a direct connection (Hayom Yom of the Lubavitcher Rebbe p.65, in name of Tzemach Tzedek of Lubavitch).

Chaplains strive to offer that kind of presence, the presence of connectedness.

Additionally, there is a passage in the *Shaar HaBechira* chap. 1, of the second Lubavitcher Rebbe, in which he notes the paradoxical effects of speech. Speech tends to decrease feelings and emotions associated with pain and suffering, while increasing feelings and emotions of love, kindness and joy. In this passage, the implication is that the delight generated by speech

is applicable to all individuals, not just to those who have a natural interest in poetry and the like.

Understanding the Process of Speech

Chasidism, especially Chabad Chasidism, has a lot to say about the power of speech in general, which would explain the various phenomena of its effects (See Tanya Igeret Hakodesh #5 p.410). Speech is unlike all other human powers and abilities, such as the expertise in playing musical instruments. In all other skills except speech, much practice in developing the skill was needed in order to train the hands and other parts of the body to perform that skill. If we examine this idea in terms of cause and effect, when looking at the case of instrument playing, the cause is the hand movements plucking the strings in the right place and right sequence, and the effect is the resulting musical tones. If a musician were to stop practicing, his performance would decrease accordingly.

The power of speech is totally different, as indicated by the following two ideas. (a) If speech were similar to all other skills, we would have to concentrate on the movements of our tongue, lips and teeth in the formation of consonants and vowels to make sure words come out correctly and precisely. However, we know that speech functions in the opposite manner. In terms of cause and effect: the cause is the innate power of speech rooted in the soul and the thought process, which effects and then activates the movements of the mouth parts to form words. This would be comparable to a piano that plays pre-programmed music. The programmed music is the cause, while the effects are the piano keys moving automatically. In a more wondrous way, this is what happens in speech movements. The words and their sequences constantly change - the sequence is definitely not pre-programmed - and the words still come out so effortlessly. (b) If the power of speech would be similar to all other bodily functions and abilities, we would be at a loss to understand why, in a child, the ability to speak trails so far

behind the ability to understand. Seemingly, as soon as he starts to understand, he should, in short order, be able to mimic the sounds he hears and accordingly train his mouth movements.

The power of speech, as already mentioned, is very deeply rooted within the soul as a distinct power of the soul. Speech is rooted in a deeper dimension than the power of understanding, which is called Bina. Speech is rooted in the higher intellectual dimension called Chochma. In this construct, we recognize why the child first understands and only later on speaks. A child begins to understand as soon as the lower dimension of Bina starts to develop. Later, the child reaches the Chochma level, at which point speech, which is rooted in Chochma, can also develop. The fact that speech is so deeply rooted explains the second phenomenon. All other skills are not innate to the person's essence. Hence, effort and practice have to be applied at developing them. Speech, on the other hand, is innate and part and parcel of the person's soul essence. No effort has to be applied to develop it out of some unformed potential, except the slight effort of learning a maternal language. As such, speech automatically pushes the keys of mouth movements once they have been properly developed during toddlerhood. Based on this understanding of speech, the aforementioned statements about speech's ability to evoke elements of pleasure and delight while alleviating pain and suffering, are better understood.

Affording Reframing of Feelings

Returning to the verse in *Mishlei*, the word “*Yasichena*” has a second meaning (Yoma 75a), i.e., one should set his mind away from his worry. This idea is related to the common expression *hesech hadaat*, removal of attention. While worry is a reaction to situations deemed threatening, it is possible to reframe the situations and decrease our emotional reactions. In addition to lending our ears, chaplains often help and invite clients through open-ended questions to reframe their situations and potentially find relief. When the patient remembers that he has an

all-able Father in Heaven, whose divine providence watches over him, the intensity of worry is bound to decrease.

A chaplain has to develop a feeling of empathy towards all the unfortunate ones he meets daily, while retaining a sense of objectivity. There is a story (related in Likutey Diburim of previous Lubavitcher Rebbe) that illustrates this point. The gabbai/attendant of the Rebbe Maharash, the fourth Rebbe of Lubavitch, observed that the Rebbe perspired heavily in the course of the private interviews he held with individuals who brought all kinds of problems to his attention. He once got the courage to ask him about it. The Rebbe answered: “Before being able to properly advise a person, I have to put myself in his shoes, so as to feel his plight. Then, in order to give objective advice, I have to return to my own shoes. Doing so, many times in the course of an evening, with so many individuals seeking my advice, don’t you think that such a kind of sustained exercise should cause one to sweat profusely?!”

Similarly, according to these and many other sources, the Jew in general and the chaplain in particular must be able to generate genuine feelings of love towards his fellow human beings, especially his Jewish brethren. The Baal Shem Tov, founder of Chassidism, used to say that Ahavas Yisroel (love of one’s fellow Jew) should extend even to those Jews who are total strangers, even to those one has never met (Hayom Yom pp. 25, 113). This is very appropriate for chaplains, who often see a patient just once, and most of the time only for a few minutes.

Loving Your Fellows

The following are some logical arguments to bring us to certain states of feelings, all culled from Chassidic teachings: (Hayom Yom of the Lubavitcher Rebbe p.81): If you love the Father, you ought to love His children. Doesn’t the verse say: “children are you unto your G-d.” What about those brethren of ours who possess certain very annoying traits? There is a deep

Chassidic insight into the well known Talmudic story (Shabbos 31a) of the would-be convert to Judaism who came to the great Hillel, asking him to teach him the entire Torah during the time he (the non-Jew) could muster to stand uninterruptedly on one foot, and then, if Hillel could do this, he would convert. Hillel said: “what is hateful unto you, don’t do to your fellow man; this is the entire Torah; the rest is commentary, go study it.” The question is why Hillel did not use the Biblical verse, stated in the positive “love your neighbor as yourself” rather than use the negative “don’t do to others what is hateful to you.” The third Lubavitcher Rebbe, the Tzemach Tzedek, (Derech Mitzvotcha p.57) explained that what Hillel meant was the following: “what is really so hateful unto you” is the unmitigated criticism of others. Meanwhile, self-criticism is mitigated by self-love. When offering criticism to others, learn to look at them with the same amount of love that you look at yourself. You will thus learn to remove the faults of others from your mind, and will never offer strident, self-righteous criticism to others. To do this, in effect, is indeed a thorough application of loving your fellow as yourself.

Some Nagging Questions

Sometimes we ask how much have I really accomplished during this short pastoral visit. The Baal Shem Tov stated (quoted in Hayom Yom p. 51): it sometimes is the case that one act of kindness within one’s entire lifetime may be so pivotal as to be the justification for my soul’s descent into a physical world for 70-80 years, in order to perform that act of kindness, pastoral or otherwise. Yet, even considering that all actions have potential benefit, chaplains might still sometimes feel despondent about the real effect of such short encounters. Here is a statement from the famous Reb Zushe of Anipoli regarding perseverance (Hayom Yom p. 50): let’s learn from the *ganev*, the thief. He, the *ganev*, somehow always renews his self-confidence,

perseverance and optimism, feeling assured that in the next “job” he will be successful, and he does not give up. Can we, as chaplains muster no less a perseverance than this *ganev*?

Another area of challenge relates to prayer. How do chaplains feel or how are chaplains supposed to feel about the efficacy of prayers and *mi shebeirachs*? In the daily Ashrei prayer, we say: “G-d is close to all those who call unto Him, those who call unto Him in truth.” To what extent do we feel G-d’s closeness to us? Is the Infinite G-d perhaps all transcendental and removed from us? According to Lurianic Kabbala, the process of Creation started with a Big Contraction called *tzimtzum*, whereby G-d removed His Infinite Light, leaving an area of “Vacuum” in which a created universe would have “room” to exist “independently” without being nullified to the Source. While some interpreted this passage literally, Chassidic thought (Torah Ohr of Rabbi Schneur Zalman p. 14b) forcefully maintained that the G-dly Essence does not lend itself altogether to any process of contraction or real concealment. This explains why even children relate so readily to the concept of G-d. By recognizing how children easily relate to G-d, it becomes clear that this G-dly Essence is as near to us as well. As such, the Chassidic emphasis on the importance and efficacy of prayer is a fundamental tenet, for once we recognize G-d’s closeness, we can recognize how we are to relate to G-d.

Additionally, chaplains go down into the pit and walk with the patient, finding ways to provide support and consolation. Though we are not cheerleaders, we nonetheless need to leave a small crack open for the light of joy. In his classical work of Tanya Chap. 26), R. Shneur Zalman also tells us to learn from wrestlers: brawn does not matter half as much as ability to move quickly and deftly. Strength to emerge victorious in spiritual struggles is likewise developed amidst joy and easy movements. Sadness and sloth will inevitably open one to defeat. Easier

said than done...

A Question...and Its Answer

As I proceeded through my CPE units, it became evident to me that chaplaincy is an expertise in itself, which needs a lot of clinical training in order to develop and master techniques, so we don't lapse into cheerleading, etc... A question then arose in my mind: assuming one learned and mastered all the in's and out's of chaplaincy techniques to alleviate human pain and suffering, why would he or she have to be some sort of clergy person? I posed the question in one of the CPE group sessions and some of my peers stated that indeed one need not be a spiritual leader! After all, they argued, a technique is a technique; once a social worker or psychologist has learned how to support people, he need not be "spiritual" in order to help his fellow. Assuming that chaplaincy shares the same goal of helping others, why should the requirements for who is a chaplain differ? I differed with their opinion, as most chaplains enter the field having some connection to the spiritual and religious segments of society. Chaplaincy might be less complicated if it would be disconnected from the spiritual component, but, in my opinion, chaplaincy definitely is and needs to be coupled with the religious/spiritual factor. For chaplaincy is about spiritual care, focusing on the existential pain and suffering experienced consciously or subconsciously. These great existential issues are usually not confronted in the course of daily living, but they loom quite large in times of distress, especially in life-threatening or end of life situations.

During these times, many questions come to the fore: Why am I here? What's my purpose in living? Why am I, of all people, suffering so much? Is G-d a close, benevolent Father or a stern, distant Master? Is there reward and punishment? Am I being punished for some past misdeeds? All of these questions revolve around finding meaning in existence. They need to be

at least partially addressed to decrease stress and worry. Without the spiritual and religious dimension, it is nigh impossible, I believe, to truly address these issues. Thus only a spiritually attuned chaplain is able to address these issues directly or indirectly, and is therefore best suited for chaplaincy. In my opinion, a person with no solid spiritual moorings should not choose chaplaincy as a profession, no matter how well he may have mastered the pastoral technique. Without the spiritual component, the technique can become a hollow shell. It is well known that, in the event of decrease of air pressure in an airplane, a parent must first apply the oxygen mask to her nose, and only afterwards to her child. Unless we are on a firm spiritual plane, it is difficult to help a person engage with their existential issues. This holds true no matter the religious background of the patient.

Our tradition holds that everyone, Jewish and non-Jewish, deserves spiritual reward for following G-d's commandments and suffers consequences for not following the Divine mandate, be it the 613 mitzvot for Jews or the 7 Mitzvot incumbent on non-Jews. (In passing, it is interesting to note that 6 of the 7 Mitzvot are negative prohibitions, while the 7th, the positive command to establish courts of justice, is not a personal Mitzva, but a communal one, incumbent upon the governing body of the nation). This further underscores the tremendous opportunities G-d granted every single one of His chosen people to daily activate and tap into, through positive Mitzvah-actions, the Tzinor (conduit) of the Divine Will embodied in positive Mitzvot. It reflects the special relationship that G-d has with his "beloved one," Israel, affording her this closer relationship through the fulfillment of daily Mitzvot.

Once Mitzvot, for Jew and non-Jew alike, are viewed in such a context, there is meaning in existence, with the Creator having an overall plan in Creation, leading up to a point of culmination, with *Hashem echad ushemo echad*. Short of that, the word "meaning" loses its

meaning. Those people undergoing health-related difficult times or facing the bleak possibility of impending death need that kind of reassurance, in addition to the pastoral technique.

Another Question

As a chaplain must indeed be grounded in spiritual and religious values, what is the definition of the term “spiritual”-- as I started to mention at the beginning of this article. In my Chassidic world, spirituality is the existential realm that transcends our three dimensional physical world. Spirituality is more than merely the world of emotions and feelings, for even these are still rooted in the physical world. The easiest inquiry process into the spiritual realm, we are taught (see Tanya Igeret Hakodesh #15.) , is our own soul. As much as our soul is acknowledged and felt by us as objective observers, it is still very much indefinable. The reason for our inability to fully grasp the soul is simple. There are two types of knowledge. One is called existential knowledge, applying to a situation or thing whose existence we are clearly convinced of, even if we lack the ability to define its parameters. The second type of knowledge is called essential knowledge. Essential knowledge applies only to things operating within the physical world and therefore graspable by our senses. They lend themselves to observation and analysis, so that we know *what* they are. Our soul, on the other hand, is essentially elusive, for we lack essential knowledge of the soul. Though our soul operates within the physical parameters of our body, it transcends the parameters. The reason why our soul thus embodies both imminent and transcendent characteristics is because the soul is a “part” of G-d, who embodies the paradoxical dimensions of Immanence and Transcendence. Our soul, similar to G-d, is imminent in that it is embodied within, and felt by our bodily organs, and it is transcendent in terms of its essence being indefinable by our senses.

With this in mind, how do we relate to the common refrain: “I’m not very religious, but

I'm definitely spiritual?" The challenge this statement presents depends on how one defines spirituality. If one acknowledges the spiritual, existential realm, thus acknowledging and relating to the existence of the spiritual and divine realm, this kind of spiritual stance may indeed not depend upon one's religiosity, i.e. as to whether and how a Jew observes the mitzvot, or how the Gentile observes the seven Noachide laws. In truth, however, there is much more to spirituality than merely *acknowledging* the existence of the spiritual and Divine realm. This is because any G-dly rooted commandment that we observe serves as a channel of *added connection* to the spiritual and the Divine. This is by virtue of the fact that Mitzvot are rooted in G-d's Will. It is His Will that we follow his commandments. The Hebrew word for will is *ratzon*. Take the 4 letters of *ratzon*, and you can rearrange to form the word *tzinor*. *Tzinor* means a channel, a conduit, which alludes to the additional connection afforded by observance of the Mitzvot, especially the positive ones that involve some form of action or speech. A mitzvah is thus similar to any channel through which something crucially needed and appreciated flows.

Thus, while it is a fundamental element of faith and belief to acknowledge G-d's Existence as King and Master and Creator of the Universe, it is yet another thing to become recipient of a flow of heightened feeling from the Divine Flow that becomes revealed by virtue of fulfilling G-d's bidding meticulously through any one of the 248 positive Mitzvot, or at least the 86 extant ones today. The exactitude attendant to the Mitzvot channels and their resultant effect ought to be no less than the exactitude paid to any other channel whose flowing contents we eagerly seek and await, be it gasoline or water, for example. Ideally then, he who wants to benefit from the *spiritual* enhancement afforded by the Mitzvah channel must learn and adhere to all the details and minutiae connected to these channels. Adherents of *Halacha*, who share the

view that *Halacha* is rooted in the Divine revelation at Sinai, will usually pay more attention to the details of the Mitzvot.

While the spiritual component is thus a needed component in chaplaincy—as demonstrated above—, I believe that it is still secondary to the pastoral expertise in allaying pain and distress through the pastoral verbal technique. The spiritual/religious component definitely does play a part in the process (without which, as mentioned, the technique per se then tends to lose its meaning). As soon as we enter chaplaincy, we realize, no matter what our religious background may be, that the spiritual component demands attention—but without the pastoral expertise in place, the spiritual component lacks professionalism.... Perhaps comparable to a Chazzan who is very spiritual but has no voice...

About Being Judgmental...

What about the inherent human weakness to be judgmental of others who espouse religious views different than ours? The fact is that no one can really judge, measure and compare the spiritual component of various individuals. It is hard enough for a person to analyze himself, let alone others. True, the other fellow may not be as learned as I, as meticulous in mitzvot observance as I, but in terms of his closeness to G-d and spirituality, who knows? He may indeed be closer than I. His spiritual feelings vis-à-vis G-d (whether patient or fellow chaplain) may be deeper and more heartfelt than mine. His relationship with G-d may be closer than mine. Who am I to pass judgment? The fewer Mitzvot that he does observe may be more vibrant and possess more *kavana* than my own, sometimes mechanical, observance!

It is for this reason that the Lubavitcher Rebbe did not favor the term *kiruv*, which means bringing close to, referring to the process of helping Jews come back to their Jewish roots__ a process initiated by Chabad 60 years ago, with many joining this bandwagon along the way. For

when you say *kiruv*, you imply that the fellow you're bringing closer to Yiddishkeit is as of yet not as close as you are, and you are the one helping him to come closer and hopefully catching up with you. Wrong, says the Rebbe. It is possible that from the very onset, this individual may in effect be closer to G-d than you are--in spite of his current non-observance of many Mitzvot. Thus, it's not that you are *mekareiv*, one who brings him closer. Rather, you are an influencer, wielding a good influence to help him grow even further.

Spiritual Influence within Chaplaincy?

What about us chaplains? Should we be "spiritual influencers," thus helping the patient connect with spirituality and divinity? Should we go a step further than providing the religious needs of patients upon the patient's request: providing kosher food and giving electrical shabbos candles to those who request it? Perhaps we ought to go the extra step in view of the beneficial effects of even one *mitvah* on the person performing it and its effects on the world at large? Doesn't the Mishna in Tractate Kiddushin p.39b, and codified by the Rambam (Hil. Teshuvah 3:2), state that one mitzvah can tip the balance for that individual and for the world at large? And if speech is able to generate delight and pleasure, as mentioned earlier and thus allay pain, doesn't it stand to reason that the patient's fear and worry and sadness may be allayed by the influx of divine delight he has just channeled and unleashed by doing this or that mitzvah--even if it was at my invitation?

In addition, doesn't the patient's condition often generate a lack of self-esteem, itself caused by lack of productivity, as it is hampered by the patient's condition? However, productivity is not necessarily measured in terms of great accomplishments. Every "little" mitzvah has the ability to shake and make its mark on the whole world.

The Mishna in Pirkei Avot (2:1) states: “Know what is above you”

The great Maggid of Mezeritch, successor to the Baal Shem Tov, used to read into this:

“Know that all that which transpires Above in the Higher G-dly Realms--

it all is a result of “you” and your actions down below. In addition, there definitely is a

psychological benefit that accrues to the patient when he feels productive in the observance of a

mitzvah, even when not aware of its great spiritual repercussions. Like anything else, any course

of action is predicated on some initial premises that one strongly believes in. He who becomes

convinced of the validity of this argument, namely, that there is room within chaplaincy to offer

salutary spiritual influence will find various non-intrusive ways of implementing this at various

opportunities and settings.

A Survivor's Journey

Chaplain Laurie Dinerstein-Kurs

Chaplains have the honor of being called upon when there is a crisis. As a Chaplain, I am frequently asked to minister to those who are suffering the loss of a loved one. When feelings are so raw, and the emotions are in turmoil - oftentimes the survivor simply cannot envision any future. The loss of a loved one leaves them in a state of limbo – forced to continue functioning in this world yet suddenly faced with a whole different reality. They can be fearful of what has suddenly been left behind and be equally fearful of what is ahead.

It is a quite commonly accepted view that many people find comfort in stories and parables that speak clearly and directly to their new found existence. "A SURVIVORS JOURNEY" maps out for the survivor what they can expect to experience over time and guides them along this tenuous path. Reading about the journey, the very journey they now find themselves participating in, allows them to see that they are not alone, other people have experienced similar feelings, and that there is a sort of game plan with a goal to this sad journey.

Death, whether it comes suddenly as a shock, or anticipated and expected, often leaves the survivors' in a state of utter flux. Most often, even though one manages to go through the motions of making necessary arrangements, making calls, and doing all the things that are required - still - there is a sense of disbelief and despair may set in.

During those first hours and first days...life can be a blur and all that transpired a vague unsettling memory. But, *when* that moment in time strikes...*when* that reality sets in...*when* it finally dawns on you that you will never see your loved one again - the impact can leave you immobile. Questions may plague your mind relentlessly. What just happened? What do I do now? What just happened? How can this be? What am I going to do? Where do I go now?

Where you go now is to the same place all people who have lost a loved one must venture. Spontaneously, without your input, and without requesting your preferences...a trip has been preplanned for you. You cannot cancel it and you cannot change the itinerary. Cutting it short is not advisable.

A SURVIVOR'S JOURNEY

You are on a journey.....a grief journey. And on this journey you will pass through many towns. This journey began in the town of NUMB N' SHOCK. You were forced to visit this town as it came upon you without warning - in a blink of an eye. You didn't know you were going there, you didn't know what to pack, and you barely comprehended that you had arrived.

Soon thereafter, you moved along to the next town of I CAN'T BELIEVE IT. Friends and family paid Shiva visits, phones rang and thoughtful baskets of food arrived. Being preoccupied with these various and sundry visits and thoughtful gifts brought some semblance of calm, but always in the background was disbelief.

This is a unique trip. This trip was not designed for rest and relaxation. This trip has been deliberately created to somehow find at its conclusion, some sense of peace in the spirit and some quiet in the soul. However, it is going to be a very, very, VERY long journey, and there is no easy way to ease your way.

While you may take occasional side trips to other places...places that allow you to laugh and enjoy, eventually you do get back on the path that brings you back to this town to face your reality. And now, the visitors may be fewer, the number of phone calls may lessen and it can seem as though others are just able to go on with their lives. And there you sit.

As you continue down the road, your travels will bring you to the town of ANGER AND GUILT. Be assured that few travelers – if any –can intentionally circumvent this town. It is on the map, it is part of the tour, and no one gets to avoid it.

Just when you think you have had your fill of this town, when you believe you have this down pat - something will crop up and bring it all down. A word, a place, a song, a name....something will bring it all rushing back. So, like it or not, you will probably be here for quite a while. BUT, may it bring you comfort to know that what are painful reminders today will eventually become the very reminders that will bring you warmth and smiles later.

Now, even if you do sneak out and make your way to the next town, the next town has an equally cold name – FEAR-TOWN. This is the town known for instilling Fear. Fear of the future alone, fear of the unknown, fear of being alone, fear of ...fear. Hopefully you will choose to not stay here for long – You will need to continue on to the next town. As you approach your new destination, you will find lots of company here. This is probably the largest, and most popular town...Everyone comes here - everyone who has had a loved one die. This is the town of GRIEF. Grief can be overwhelming and devastating....if you allow it. Grief is real and grief is powerful and if left unattended can leave you immobile. Shloshim has purpose.

Grief is a process: a process that absolutely positively needs to take its course - a course you yourself map out. Any way you choose to acknowledge the absence of your loved one is a way of conquering your grief - as in perhaps setting a place at the holiday table where they usually sat; the fuzzy feeling you feel when someone you care about wears or uses something that belonged to them; going to places that were meaningful to you both, listening to music that carries with it happy memories, or telling stories that he loved to tell. Working through grief is the most important part of your difficult journey. But, like an artist, you have to be patient and

persistent...patient with yourself allowing the process to unfold and persistent in your desire to work through the necessary process.

Here are two seemingly opposing views but actually, they work in concert: Talking, sharing and being open with others can help alleviate some of the strain. “Grief’s, when they wound in solitude, wound more deeply”. Yet, silence can be a very powerful response to this trip you did not want. Becoming contemplative and silent can help you focus on what you can possibly find in all this....each has its place. Unveiling helps begin acceptance and closure.

At times such as this, conversations with G-D can bring a new light and allow a semblance of calm. Saying Tehillim – alone or with a group - can bring some peacefulness to the mind. Joining/participating in a Rosh Chodesh Group can do wonders for our spiritual side. Being in shul (community) can bring a sense of warmth and companionship amid joining in Kaddish. Of course these actions cannot begin to take his place, but it is the beginning of allowing yourself to find your new place in your new life. Yahrzeit - every year a meaningful and necessary trip down memory lane.

Sadly, this journey has no end. This trip has no final destination. There is no finish line, and there is no end in sight. BUT, in spite of the fact that you will very likely be visiting and revisiting these towns off and on forever more, there is a goal. That goal is to reach the town of Acceptance. It is in this town that you meet up with “YOU” again...you meet yourself face to face, as in - this is who I am and this is what it is that I need to do to be back on the road of “MY own life’s journey”. This, in essence, is the mission Hashem has blessed you with...

When you find you can acknowledge your loss while making a conscious choice to allow joy to reenter your life, when you can once again have your children and grandchildren and friends and co-workers and YOU be the focus of the day - then, instead of holding you back,

your memories of your loved one will help you move forward - to embrace life. I pray that your journey is not too bumpy and that you reach your goal in due time. May their memory be for a blessing!

Insights about Self-Care from the Torah:

Spiritual and Geographic Transitions of the Caregiver

Rabbi Jo Hirschmann and Rabbi Nancy H. Wiener, D.Min., BCC

Biblical models of caregiving

Each year in the Jewish lectionary cycle, we read the levitical description of the relationship between the priest and the *metzora* – a person with a skin disease (often mis-translated as leprosy). According to the levitical world-view, when a member of the community contracts *tzara'at*, the priest is responsible for leading purification rituals, for understanding the effect of one person's sickness on the rest of the community and on God (how do we know the effect on God), and for being present with another in the midst of suffering. Given this, the priest is the only member of the community who can move among people and objects embodying three different states: *tahor*, generally translated as clean or pure; *tamei*, generally translated as impure; and *kadosh*, generally translated as holy or set apart.

According to the Bible, *tum'ah*, which is generally translated as impurity, is caused by a number of things, including *tzara'at* and contact with a corpse. Once a person has come into contact with *tum'ah*, he can communicate it, depending on its type, to objects or to other people. The Bible describes clearly prescribed rituals for making the transition from a *tamei* state to a *tahor* state. The priest is the arbiter of each community member's status, and he also determines the precincts to which a person can have access. Leviticus 13 describes how a person with *tzara'at* must dwell apart from the normal communal spaces, in an area known as *michutz la'machaneh* (outside the camp). Although the *metzora* is cut off from the community, he is still in contact with the priest, who must regularly travel outside the camp to examine the *metzora's* skin lesions.

According to Numbers 19, the priest must also travel outside the camp to prepare a watery mixture from the ashes of a Red Heifer; this is used to purify a person who has had contact with a corpse. Although ordination renders the priests *kadosh*, and contact with *tamei* people and things does not undo his *kadosh* status, certain activities conducted outside the camp nevertheless render the priest *tamei*. One such activity is the preparation of this mixture of water and ashes. Numbers 19:7 describes the steps the priest must take to return to the camp, steps that include both ritual washing and the passage of time. The verse reads:

And the priest laundered his clothes
and washed his body in water.
After that he entered the camp,
but the priest was *tamei* until evening.

Descriptions in Leviticus and Numbers of purity, impurity, and holiness raise interesting questions for us as caregivers. Can we draw a parallel between pastoral caregivers, who have access to people at moments usually reserved for intimates, with the unique status of the Levitical priest? What was this place, *michutz la'machaneh*, in the biblical imagination? What are its corollaries today? Might they be nursing homes, prisons, hospitals, the bedside of a dying patient, or a house of mourning? How does the biblical category of *tamei* relate to our sense of self after we have been in contact with someone who is sick or dying? How are we changed by the contact? And what do these texts teach us about the spiritual and emotional demands of the personal and professional transitions we experience as caregivers?

Learning through our bodies: A description of a movement-based workshop

Both of us are rabbis and, like the rabbis of countless earlier generations, we regularly engage with these texts on a cerebral level. However, we wanted to see what these transitions *felt* like. We wanted to explore *in our bodies* what happens when we did the sacred work of being a chaplain. We wanted to physically enter into some of the transitional spaces described in

the Bible. For both of us, this challenge called on us to move beyond our usual comfort zones. For a number of months we experimented with relaxation and movement exercises, discussed our personal experiences (successful and unsuccessful) of making these transitions, and consulted with choreographers and teachers of movement. We were moved and enriched by our own experiences and decided to utilize them as a means to open up our colleagues to a new way of exploring the relationship between a familiar text and their own lived experiences. In this spirit, we planned and led a workshop at the January 2011 conference of the National Association of Jewish Chaplains.

We established a number of goals and objectives for the workshop:

1) Goals

- a. Participants will gain an appreciation of the need to incorporate spiritual transitions into their daily work as they move from intense pastoral encounters back to personal and communal interchanges.
- b. Participants will relate obscure biblical texts to their lived experiences as spiritual caregivers.
- c. Participants will conceive of their work as pastoral caregivers as a corollary to the holy work of the Levitical priests.
- d. Participants will connect their physical experience to their emotional state.
- e. Participants will reflect on their current means of preparing themselves, their families, and their friends for the difficult emotional and spiritual transitions they experience in their caregiving work.
- f. Participants will have new ideas for facilitating their own emotional and spiritual transitions.

2) Objectives

- a. Participants will engage in physical movements as individuals, in *chevruta*, and as members of group, including:
 - breathing and relaxation exercises,
 - simple mirroring exercises, and
 - mirroring exercises based on movements associated with ordination and re-entering the encampment, as described in Leviticus and Numbers.
- b. Participants will share, in *chevruta* (partners) and with the group as a whole, their experiences of being both “inside the camp” and “outside the camp” in the course of their daily lives.
- c. Participants will share rituals large and small in which they engage when they prepare to offer spiritual care or when they leave the presence of those to whom they have offered it.

d. Participants will take parts of the rituals they have used or discussed and offer some aspect of it (through gesture) to their partner as a “blessing” for re-entering the “camp” of the conference at large.

Our own initial discomfort with these modalities taught us that we needed to prepare workshop participants for this unusual mode of exploration. In the printed conference program, we described the workshop as movement-based. As part of our welcome and overview at the beginning of the workshop, we repeated this, reassuring participants that there would be no physical touching, encouraging everyone to move only in ways that felt comfortable, and inviting those who were uncomfortable to choose another workshop.

Because the workshop involved calling on participants to learn through their bodies, we spent the first ten minutes moving from speech and known material to guided breathing and relaxation exercises. To further prepare participants for the physical activity and the personal sharing that was to follow, the two of us demonstrated ways to mirror another’s facial and body movements and breathing. We then invited participants to break into chevruta and experiment with this modality for a few minutes.

As a segue into biblical material dealing with physical and geographical transitions, we drew participants’ attention to the role of water in prescriptive and descriptive biblical passages. We highlighted the fact that we share our ancestors’ affinity for water. Through a mirroring exercise, we all engaged in familiar activities that involve water: putting a toe in water, wading into cold water, vigorously washing hands and face, and laundering clothes by hand.

To establish the unique role of the spiritual caregiver, we spoke briefly about the priest’s role in managing people’s experience of, and contact with, sickness and death. We described the priest’s unique state of *kedushah*, which was accomplished through an elaborate ordination ritual. This ritual includes Moses daubing animal blood on the priest’s right extremities – on the

ridge of the priest's right ear, right thumb, and right big toe. We asked participants to return to their *chevruta*. In turn, each pair of the *chevruta* explored his/ her own right extremities – ear ridge, thumb, and big toe – while the partner mirrored. Following this, each person imagined themselves to be Moses ordaining a priest. Without touching the one being “ordained,” the person playing the role of Moses mimed daubing and sprinkling his/ her partner's right extremities.

At this stage, the goal was to engage participants in the experience of taking on a role that is imbued with holiness, in order for them to better understand the challenges of achieving this state and of then moving among the clean and the unclean, the pure and the impure, the Tabernacle, the camp, and outside the camp. We described the paradoxical situation that, in order to do his job, the priest had to enter into a state of *kedushah*. However, in the course of his daily work, the priest came into contact with *tum'ah* that rendered him impure. This state of impurity precluded him from re-entering the camp at will. First, he needed to launder his clothes and wash his body, after which he could reenter the camp. However, he did not become *tahor* until evening. To focus participants' attention on this set of transitional activities, we read Numbers 19:7 aloud to participants.

Our goal now was to re-create this purification ritual. To do this, the space we were in became a microcosm of the camp and its environs. All of the participants stood inside a circle delineated by chairs, facing out?. To diminish participants' self-consciousness, the space they were in was designated as *michutz la'machaneh* and the walls of the room were the boundary of the camp, which meant they were not in each other's line of sight. As each participant approached the wall in his/ her own time, we read Numbers 19:7 slowly, giving people time to re-enact each step in the process. We then repeated the exercise but, this time, participants

moved from the outside of the room to the center of the room, meaning they could see each other. Also, this second time we read the verse in Hebrew.

Once everyone was “back in the camp,” participants took their seats and we, the two leaders, facilitated a conversation to reflect on the exercises we had done together. Since this had been an embodied learning experience, we began with five minutes of people simply describing their visceral reactions to the exercises. The discussion was lively and the vast majority of participants were able to stay focused on their bodies and what they felt or learned through them, although a few participants preferred to share their observations and cognitive associations.

After acknowledging the workshop’s time constraints, we prepared participants for brief conversations on key topics we hoped they would continue to discuss with each other during and beyond the conference. The questions were:

- 1) What are the moments in our lives as chaplains and pastoral caregivers that we exist outside the camp?
- 2) How do we know when we are moving outside the camp?
- 3) How is our experience of ourselves and the world different when we are outside the camp?
- 4) Does anyone else in our worlds recognize that we are outside the camp when we are?
- 5) What are the pitfalls of not negotiating this transition successfully?

Then participants returned to their *chevruta* one last time to share with each other the different techniques with which they have experimented to negotiate these transitions. We invited participants to talk about both successes and failures, since both could be helpful fodder for further thought. The workshop concluded with an opportunity for participants to create their own ritual by drawing on images of the Levitical ritual, their own tried and true means of navigating transitions, those offered by their *chevruta*, and anything else their imaginations might offer. All of the participants turned their backs to the center of the room so as to focus

solely on the wall in front of them. They were guided to envision the camp lying ahead of them, just beyond the wall, and to recall the last time they felt themselves to be “outside the camp.” With that memory as a catalyst, we gave participants a few minutes to experiment physically with different things that eased their transition back into the “camp.”

As the workshop drew to a close, we reminded participants that written materials related to the workshop were available on their way out and we thanked them for their willingness to engage in an unconventional way of exploring self-care. We then defined the room we were in as “outside the camp.” We invited participants, before they moved through the door and back into the “camp” filled with friends and colleagues, to turn to their *chevruta* and take one piece of the ritual they had just experimented with for their own re-entry and offer it to their partner as a blessing. We clarified that, unlike the other exercises, this would not involve mirroring. Instead, it was an opportunity for each participant to offer and receive care. Each *chevruta* would know when it had finished exchanging “blessings” and the partners could depart from the workshop when they were ready.

Conclusion

The lack of formal study with text in hand was intentional. We were concerned that if this group, so used to studying and analyzing written texts, actually had the biblical verses before them, they would move from their bodies and back to their brains. A review of the relevant texts could come in its own time. Although the workshop did not incorporate text study, it did deliberately echo the form in which text study often takes place. Our use of dyads during the workshop was an intentional adaptation of the *chevruta* model. As spiritual caregivers we often use the language of the “living human document” to describe our work with those whom we engage in pastoral conversations. In order that the bodies of the individual participants could

become the text, the more intimate exchanges of a *chevruta* setting, as opposed to work in a large group, allowed us to use a familiar modality in a new way.

The work in *chevruta* and the group conversations were designed to help participants recognize that they were among peers who share both work-related challenges and the struggles that come with moving between holy work and our non-work lives. The workshop moved at a slow pace to give participants time and space to move into the exercises and to become attuned to their own bodies and the bodies of their *chevruta*. It also modeled how we can take care of ourselves by slowing down, breathing, feeling, experiencing the moment, and seeking out communities of people who share our experiences. We hoped the conversations that began during the workshop would continue throughout and beyond the conference. Finally, we hoped that participants would leave feeling refreshed, heard, and blessed, as well as motivated to try some of the self-care practices with which they and their peers had experimented during the workshop.

Journal of Jewish Spiritual Care Vol. 11

Statement of Purpose and Writer's Guidelines

The National Association of Jewish Chaplains (NAJC) is an international, trans-denominational Jewish organization, which certifies professional Jewish chaplains, and which promotes the development of Jewish chaplaincy and the continued yearly growth and clinical pastoral skills of Jewish chaplains.

Jewish Spiritual Care is the official professional e-journal of the NAJC, and publishes two issues per year. Ideas and opinions expressed by authors do not represent necessarily the opinions of the NAJC, its leaders, board or staff. A subscription to the journal is a benefit of membership of the NAJC. Single issues (when available) may be purchased at a nominal fee from the office of National Coordinator, 910 Route 10, Whippany, NJ 07981, phone (973)-884-4800, Ext. 287.

The journal will accept both scholarly articles of an academic or research nature and experiential and reflective presentations, which discuss aspects of or topics related to Jewish chaplaincy, clinical pastoral education, Jewish healing, Jewish spiritual care and counseling, and Jewish medical ethics. The Editor and Editorial Board will make all decisions about the appropriateness of publication of each submission.

The Editor requests that all submissions be a clean attachment to an email, in Microsoft Word with no editorial markups. Please keep texts to 2000-4000 words. Exceptions to this guideline will be made in unusual circumstances.

The Editor requests that the text be double-spaced. Citations of Biblical, Talmudic and Rabbinic texts should be in the text of the article, surrounded by parentheses, rather than citations in the notes. Transliteration of Hebrew should follow recognized academic usage.

Please remember the Deadline for Journal 12:1 is March 15, 2012. Please accept my warmest thanks for your courteous cooperation.

Editorial Office: 216 N. 3rd Ave. Highland Park, NJ 08904
Address all articles to the Editor's email- bdkinz@gmail.com