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FROM THE EDITOR

In this issue we turn our attention to the areas of caring and healing, terms that increasingly find their way into contemporary conversations about Jewish community, Jewish spirituality, and Jewish practice. Caring needs no defense, and contemporary Jewish communities, notably Reconstructionist communities, are often distinguished by the presence of “mutual support” or “caring community” committees.

The one-on-one support that in pre-modern times emerged naturally out of the organic Jewish community now demands more conscious effort on the part of synagogues, *havurot*, *minyanim*, and organizations. The effort is reciprocated by the enthusiasm generated when an individual experiences the support and outreach of her community in time of need. All of the clichés are true; in an age of fragmented families and geographic dispersal, there is a need for “synthetic family” in the form of caring communities. Religious communities should be exemplars and pioneers.

Healing, once relegated to the margins of modernity, with the exception of the tiny Jewish Science movement and residual theurgic practices and beliefs associated with folk custom, has in recent years become a major concern and focus of energy and effort within the Jewish community. Like several other communal agenda items (education, for example) healing cuts across denominational lines and finds its way into the work of almost every congregation in some way.

The insertion into Shabbat services of a *Mi Sheberakh* prayer (“May God who blessed . . .”) for those in need of healing, with or without the communal declamation of individual names, is perhaps the most obvious example of how our communities are recognizing their responsibility to acknowledge illness and support those who are ill and their caregivers. Other communities offer separate healing services, adult, family, and adolescent learning about Jewish sources and resources that deal with healing, and other programs in which healing is addressed.

Reconstructionist Judaism, in its orientation towards humanism and placing the resources of Judaism in service of the Jewish people, has been a hospitable environment for the incorporation of caring and healing. Our emphasis on community implies a covenant of caring, and Reconstructionist congregants routinely report that the sense of being known by a community and being taken care of when in need are crucial factors in affiliation.

Healing, however, often appears to present Reconstructionism with a more challenging set of ideological-religious-spiritual issues. Our avoidance of supernaturalism, the tendency towards Godliness and away from God as Person, the resistance to magic and superstition, the respect for science and medicine, and the insistence on facing things as they are and not as we’d like them to be make

many Reconstructionists uneasy about what they perceive to be the “magical” implications of the term “healing.” Yet we cannot avoid listening to the stories and responding to the needs of those in our communities who witness to the importance of healing as a dimension of their Jewish lives.

In this issue, we seek to explore many facets of healing and aspects of caring, both in theoretical and practical terms. What emerges is a representative discussion of the various dimensions and complexities tied up in this vocabulary, refracted through progressive Jewish lenses. From theological analysis to ritual description to personal story, this issue conveys much of the energy and excitement transpiring in our communities.

About Future Issues

Our Fall 1999 issue will focus on “The Role of the Rabbi,” as the Reconstructionist Commission of the same name moves towards issuing its report, due near Pesach of next year. The Spring 2000 issue will feature “Parenting and Partnering.”

We wish our readers a refreshing and renewing summer, and remind you that a subscription to *The Reconstructionist* would make a wonderful gift for someone—see the order form on the last page.

— Richard Hirsh

Letters

Recognizing the Matriarchs

To the Editor:

I enjoyed reading Elizabeth Wyner Mark's article, "The Four Wives of Jacob." She should know that not all liberal commentators have ignored Zilpah's and Bilhah's place in the tradition. In the Reconstructionist Rabbinical College's *Annual Report* for 1993 my poem about Zilpah and Bilhah ("Forgotten Mothers") spoke of their contribution to the Jewish people and asked that their names also be included when we speak of the mothers of Israel. I agree with Mark that they were excluded because of their class status and would suggest that a just Judaism should acknowledge them as two of the four mothers of the tribes of Israel.

Rabbi Rachel Esserman
Glenside, PA

Gender Parity in Life-Cycle Rituals

To the Editor:

I read with interest the articles in the Fall 1998 issue that deal with life-cycle rituals for Jewish women. The premise of Ari Mark Cartun's and Elyse Goldstein's articles ("Reconstructing Sarah's Circumcision: A Midrash on the Origin of the *Brit Sarah*" and "Jewish Feminism and 'New' Jewish Rituals: Imitative or In-

ventive?") respectively) seems to be that new rituals for females must be created because, to use Goldstein's words, the traditional rituals "say nothing to us as women . . . do not bond us with other women in a historical way . . . [and] wrap us [women] in male imagery, making us 'honorary men' for the moment" (p.63).

To the contrary, I believe that in regard to life-cycle rituals, as well as other areas of Jewish practice, the starting premise should be: This is what Jews do. Of course some differences between the sexes in certain ceremonies will be necessary. Most obviously, the ritual act of circumcision and words referring to that procedure will be limited to the *brit* ceremony of a male infant.

To cite an example of a ritual only for women, a ceremony marking the onset of menopause would be—indeed, has been—devised for those wishing to avail themselves of it. But in so many articles, books, and talks on the Jewish women's ritual life the approach appears to avoid utilizing what affirms our commonality as Jews and to stress instead what separates Jewish women from Jewish men. I think this makes for undue fragmentation.

Rather than seeking a "bond with other women," rituals for women should stress the bond with the Jewish people and God. That is why I like the blessing offered as an option for

baby girls in a *brit* naming ceremony found in *Madrikh Larabbanim: Reconstructionist Rabbinical Association Rabbi's Manual* and quoted by Cartun (p.59): "Blessed are You . . . and commanded us to bring her into the covenant of the people of Israel." (I would prefer this as the only blessing for babies of both sexes.)

In most non-Orthodox congregations what the celebrant does at the prayer service marking the coming of religious ages is the same for boys and girls. That is how it should be.

At the wedding service a bride should be required to recite the "Behold you are consecrated to me . . ." line and to give the groom a ring. With a divorce, the *bet din* (Jewish court) should issue a *get* (writ of Jew-

ish divorce) to the woman and man. If any actions or words are to be part of the ceremony when the *get* is given, they should be the same for both divorcing parties. Of course the language of the *get* itself must change to reflect the parity of man and woman. The Orthodox and Conservative movements have much work to do here.

In summary, there should and will inevitably be diversity within an overarching unity as members of the Jewish people. However, let us not seek diversity on principle. First and foremost, "*Yiden zeinen mir*" (We are Jews)!

Rabbi Louis Kaplan
Wallingford, PA

The Jewish Healing Tradition in Historical Perspective¹

BY LAURA J. PRAGLIN

Judaism's relation to the themes of healing and curing, and to sickness and health, may be found throughout biblical sources and in later textual and folk interpretations of those sources. Ancient Israel's covenantal relationship affirmed God alone as healer, source of both health and illness, and restorer of body and spirit. Sickness, therefore, was viewed as a divinely ordained form of individual or collective punishment, rather than attributed, as in Mesopotamian, Egyptian, and Canaanite cultures, to independent, demonic forces. God's healing, moreover, was linked to individual and communal forgiveness, restoration, renewal, reward, and deliverance from destruction.²

The root word *rp'*, the basis of the Hebrew word for healing and healer, was closely related both to spiritual

and physical redemption and to wholeness. In Genesis, God heard the plea of Abraham and healed Abimelech; God promised to keep Israel healthy if she kept the commandments (Gen. 20:17; Exod. 15:26; Deut. 32:39). Deuteronomy 24:8-9 and Numbers 12 recall Moses' prayers for Miriam's healing, and in the Song of Moses, God states: "I deal death and give life; I wounded and I will heal: None can deliver from My hand" (Deut. 32:39). Similar statements appear throughout the Hebrew Bible (Exod. 12:12; 1 Sam. 5:6; 2 Chron. 26:20; Job 5: 17-18; Ps. 30:2, 41:4, 103:3, 147:30). The prophetic voices in Hosea, Isaiah, and Jeremiah emphasized the healing aspects inherent in turning back to God (Isa. 6:10, 19:22, 30:26; Hos. 6:15; Jer. 3:22, 17:14, 30:17, 33:6). Ezekiel and Zechariah described God as caretaker of

Laura J. Praglin received her Ph.D. in religion and the human sciences from the University of Chicago Divinity School last March. She holds master's degrees from Chicago and Yale in religion and social work, and serves as a career counselor at Bryn Mawr and Haverford Colleges in PA.

the sick, the weak, and the lost, while rebuking Israel for not aiding God with such efforts on behalf of the needy (Ezek. 34:4, Zech. 11:15-17). Elijah, Elisha, and Isaiah invoked God's healing powers through signs, fasting, prayer, and various healing remedies (1 Kings 17:17-24; 2 Kings 2:20-22, 4:19-37; 20; Isaiah 38:1-6; 2 Sam. 12:16-23).

Physician, Priest, and Prophet

The Hebrew Bible, in fact, generally possessed a negative attitude toward physicians, given their perceived link to sorcery and incantations. The practice of such magical or faith healing was, moreover, consistently denounced in Exodus, Leviticus, and Deuteronomy. Consulting exorcists in the search for cure constituted grounds for exile from community or death; the use of magic or incantations were considered an "abomination to the Lord" (Exod. 22:18; Lev. 19:26, 31; 20:6, 27; Deut. 18:9-14). Second Chronicles, for example, mocked foreign doctors' treatments as idolatrous. King Asa of Judah "did not seek the Lord, but sought help from physicians," and as punishment, the Chronicler inferred, he soon died (2 Chron. 16:12).³ Magical healing practices were condemned as well by the prophets and later in the Mishnah.⁴ Even in the 19th and 20th centuries, opponents to the Jewish and Christian Science or other faith healing movements have drawn support from such texts.

Since Israelite priests and prophets closely understood the divine connection to health and healing through

sacrifice, prayer, repentance, or fasting, they, rather than physicians, were often consulted in cases of illness.⁵ Priestly sacrifice and purification rituals were performed, given the perceived link between illness and ritual impurity. Yet, traditional scholarship has maintained that these rites, unlike ancient pagan exorcism practices, were not intended to combat evil powers through spells or incantations. Rather, prayers for the forgiveness of sins were considered effective against disease; psalms of confession and petition were recited only in the first person, rather than by a priest, and ritual purification occurred only after sickness had passed. Thanks and offerings were brought only later by those who were healed through God's will.⁶

Convincing recent scholarship, however, contends that even in biblical times, healing practices involving magical spells, incantations, and exorcisms had found considerable expression. This was especially true in those Jewish communities influenced by Egyptian, Midianite or Roman culture, as Numbers, Isaiah, 2 Chronicles, Ezekiel, and 2 Kings attest.⁷ The book of Numbers documents Moses fashioning an image (later destroyed by King Hezekiah) known to magically heal serpent bites.⁸ I Kings, as well as Josephus, depict Solomon as a magician who could repel demons with his incantations, although the Mishnah records Hezekiah's suppression of this "Book of Cures," given its use as a substitute for prayer.⁹ The Apocrypha also documented folk medicine practices featuring the angel

Raphael, who brought health and healing in the name of God.¹⁰ According to Philo and Josephus, the Essenes were particularly interested in physical and spiritual healing. The community at Qumran embellished the story of Abraham's healing of Abimelech, while the Dead Sea Scrolls record Abraham healing on behalf of the pharaoh by expelling a plague caused by a demon.¹¹

Jewish Healing in the Post-Biblical Tradition

Judaism in the post-biblical period witnessed an increase in the use of various healing remedies, including exorcism of demons and the use of amulets.¹² In the century following the destruction of the Second Temple in 70 C.E., Josephus described the rise of prophetic magicians who largely replaced the Temple priests in meeting individual needs for atonement, guidance, and healing.¹³ Such magical healing practices, which included exorcism and foretelling the future, reflected not only the decline of the institutionalized priesthood, but also the lack of a systematic practice of medicine and widespread suffering in culture at large. Charismatics—whether magicians, exorcists, witch doctors, healers or counselors—became increasingly revered, and new groups and institutions were formed around them. Magical healing stories were now widely circulated, featuring special powers of figures such as Elijah or Elisha, or of later rabbis such as Hanina ben Dosa and Yoḥanan ben Zakkai.¹⁴

During the codification of the Mishnah, beginning in the third century C.E., the healer posed an inherently dangerous challenge to the emerging institutional and spiritual authority of the priesthood and later developing rabbinical academies. Tales of individual healing magicians were thus downplayed and few healing stories were actually written down.¹⁵ Nevertheless, the genre of the magical healer has survived in the rabbinic literature. The Mishnah mentions the stone of Abraham which cured all who looked at it. It also depicts one sage healing another through prayer and the laying on of hands.¹⁶

The sages' detailed discussions and frequent denunciations of magic, witchcraft, and sorcery also serve to underscore evidence of widespread popular reliance upon magical healing practices during the period of the codification of the Talmud and Midrash. The Talmud frequently mentions the use of charms for healing, and the rabbis themselves often sanctioned a wide range of magical cures by physicians, including incantations involving God's name and the recitation of Biblical passages.¹⁷ The sages even ruled that any practice actually producing a cure was not to be considered superstition.¹⁸

Such rabbinic rulings resulted from the lack of a clear distinction between science and magic in medical practice in late antiquity, as well as a necessary compromise with popular culture. While some insist that the rabbis themselves were not superstitious or involved in magical cures, it is likely that they as well were not fully exempt

from involvement in magical and mystical aspects of the healing arts, despite their official condemnation. It is likely, however, that later rabbis assigned the title of Ḥasid to some early magicians, in order to include these popular tales in the later canon. They made certain, however, to interject these famous stories with injunctions concerning the importance of prayer and the observance of the law.¹⁹

As mentioned above, biblical views of the physician were primarily negative, given ancient Israel's concern over the link between healing and idolatry through magic and sorcery. This factor, in addition to halakhic injunctions against uncleanness, which forbade contact with blood and corpses, seriously limited the development and practice of a profession of medicine.²⁰ True respect for the profession, as well as the specific obligation to heal—so critical to later Jewish views of health—may be traced to the Hellenistic period, where contact with the Stoic concept of natural law and Greek forms of non-magical, “scientific” medicine removed Jewish objections to cures by physicians.²¹ The apocryphal book of Ben Sira, in the early second century B.C.E., thus diverged from the attitudes of Exodus or Chronicles, praising the art of medicine and its healers as instruments of God's will.²² Nevertheless, this new respect did not render physicians all-powerful or independent of divine intercession. Ben Sira, for instance, stressed that God could also be appealed to directly through prayer, sacrifice, and adherence to the commandments.²³

Jewish Healing in the Rabbinic Tradition

Despite biblical antecedents, the Mishnah, Talmud, and Midrash became normative sources for subsequent Jewish views of health and healing. The Talmud, in fact, prohibited Jews from living in a city without a physician.²⁴ Yet rabbis also debated whether medicine represented inappropriate human intervention in God's plan. While the *Tanakh* (Hebrew Bible) and subsequent talmudic authors did continue to depict God delivering illness as punishment for sin, the finality of such decrees were also challenged in every age.

The Talmud recorded the rabbinical consensus that God himself authorized—in fact required—medicine and healing, construing Exodus 21:19-20, which stipulated that the victim of injury must be “thoroughly healed,” to mean that God had granted the physician permission to cure. They also interpreted the command to restore lost property in Deuteronomy 22:2 to require restoration of another's body as a form of personal property, thus indicating an obligation to assist another person in life-threatening situations.²⁵ Rabbis also discerned sanctions to heal, and further grants of authority to physicians, in Leviticus 19:18 (“You shall love your neighbor as yourself”), as well as in Leviticus 19:16 (“Nor shall you stand by the blood of your fellow”).

The body, the rabbis taught, was created by God, and thus was both

good and a source of intricate wonder. Unlike gnosticism or other Greek philosophies, the rabbis did not believe that the body entrapped the soul, nor that it was a primary source of evil or sin. Legitimate worldly and physical pleasures, such as food and sex, were intended by God to be enjoyed rather than withheld. As a result, they strongly condemned the ascetic and monastic currents in Christianity. While rabbis recognized essential constraints to earthly pleasures, “any assumption of further limits on the part of human beings was an act of both pride and ingratitude.”²⁶ Rabbinic law thus spelled out legal as well as practical obligations to one’s body regarding diet, exercise, sexual relations, hygiene, and sleep. Throughout the ages, rabbis also attempted to illuminate the link between ethical and psychological behavior in the cultivation of mental health. The tractate of the Mishnah comprising *Pirkey Avot* (Sayings of the Fathers) focused upon those behaviors and values which fostered a balanced life, ultimately leading to prevention and cure of mental illness.

Rabbinic interpretations, however varied throughout the ages, maintained that mental health was to be treated as seriously as physical health, given the intricate link between human body and soul. B. *Yoma* 82, for instance, decreed that a threat to mental health (*teruf da’at*) was “to be treated like *piku’ah nefesh*, a threat to one’s physical life.”²⁷ Both mental and physical illness, therefore, required that rabbi and physician summon all known powers of cure. Defi-

nitions and precipitants of insanity and other incapacities became of primary rabbinic and communal concern, for such diagnoses could determine a Jew’s obligation to carry out the full range of *mitzvot*. No less than physical illness, rabbis considered mental incapacity a condition requiring efforts at healing and cure, rather than punishment or repentance.²⁸

Healing in Codes and Liturgy

From the tenth to the mid-eighteenth centuries, responsa literature and codes, such as Maimonides’ *Mishneh Torah* and Joseph Caro’s *Shulhan Arukh*, became major sources of decision-making in Jewish communities, particularly in areas where central Jewish authority was fragmented. Rabbis continued to consider the role of folk healing traditions seriously in their rulings, however, often arriving at compromises between them and the newly-formulated codes. Caro’s *Shulhan Arukh* explicitly stated that the Torah mandates the physician to heal, and decreed that withholding treatment was akin to shedding blood.²⁹ The injunction to heal included non-Jews as well, based partly on interpretation of Leviticus 25:35, insisting upon fair treatment of strangers in one’s midst, and partly for pragmatic reasons, to encourage good relations with Christian or Arab neighbors. Such rulings permitted Jewish physicians to treat non-Jews, a particular benefit for northern European Christians, who often sought out cures from Jewish doctors, despite church condemnation and subsequent

castigation of Jews as either sorcerers or poisonous murderers, depending upon the outcome of the treatment.³⁰

The Jewish obligation to heal extended beyond physicians to the Jewish community at large, where all persons were required to visit the sick.³¹

This injunction was intended both to help the ill person, and to imitate God's actions as healer; those who refused committed an infraction akin to bloodshed.³²

Since God had provided and sanctioned humans to heal others, rabbis regarded the divine-human relationship between persons and God in recovery to be complimentary.³³ Yet God remained the sole healer; doctors, visitors, and hospitals could act as partners and agents of God, never substitutes. The rabbis considered God to reside directly above the invalid's pillow,³⁴ and one was healed only if ultimately it was God's will. As a result, petitionary prayers to heal the sick, acknowledging God as the ultimate physician, came to be recited from the siddur as part of the traditional liturgy three times per day. The *Amidah* allowed for the insertion of specific petitions for restoring health.³⁵ So too did *Mi Sheberakh* prayers—recited during the reading of the Torah on the Sabbath—which petitioned God to send “a healing of soul and a healing of body” to ill persons not present.³⁶ In this vein, European Jews of the sixteenth through eighteenth centuries compiled extensive prayer manuals for healing the sick, which included elements of petition, confession, and gematria.³⁷ They also developed extensive com-

munity curing rituals, formed brotherhoods to visit the sick, established inns for the infirm, and encouraged the founding of Jewish hospitals in many European cities.

Folk Traditions

Other than prayer and visiting sick, the Talmud repeatedly cautioned against cures involving heretical books, idolatrous foods or immoral actions.³⁸ Nevertheless, Jewish mystics continued to practice numerous folk healing traditions until the modern period. This was especially true when authoritative texts failed to address particular situations, allowing popular practices to supplant or even contradict rabbinical sanctions. Torah scrolls were at times placed on sick bodies to encourage healing, while *Kiddush* wine was applied to the eyes.³⁹ Astrology and amulets were also widely used well into the sixteenth century. Rabbi Solomon Luria, in fact, even condoned consulting non-Jewish magicians for cures for illnesses caused by magic or evil spirits.⁴⁰

While the Talmud prescribed a variety of specific medical remedies, some rabbis decreed that certain of these cures, including talmudic exorcisms, were anachronistic, potentially dangerous, and could possibly expose rabbis to ridicule. In lieu of talmudic therapies, Jewish physicians employed accepted contemporary medical practices, reasoning “that the religious imperative was to cure and that the Talmudic prescriptions were simply suggestions based upon the medicine of that time.”⁴¹ In addition to prayer,

medieval commentators such as Rashi and Maimonides suggested the close connection between health and obedience to God through following the commandments. For the rabbi-physician Maimonides, one was obliged to care for the body since the soul's well-being depended on it. He viewed sickness less as a divine judgment than as an opportunity to exercise human powers of cure. Nevertheless, one had to be physically healthy to follow God's commandments, for it was "impossible during sickness to have any understanding or knowledge of the Creator."⁴²

Advocating Aristotle's golden mean in balancing personality characteristics, Maimonides also wrote extensively about insanity and its link to legal and moral responsibility, since those deemed insane were exempt from the expectations of halakhic observance. Nachmanides, too, worked to aid individuals deemed insane, in order to restore their halakhic status. In fact, wrote Nachmanides, saving a person's soul or mental health was placed in the category of *piku'ah nefesh*, or the saving of one's life, thus permitting the waiver of nearly all obligations in pursuit of such restoration of health.⁴³

Jewish Healing in the Hasidic Tradition

The Jewish Hasidic tradition, emerging in the seventeenth and eighteenth centuries, brought with it intense interest in the role of sin, illness, magic, and spiritual and physical heal-

ing.⁴⁴ The founder of the Hasidic movement, Israel ben Eliezer, also known as the Ba'al Shem Tov, often suggested healing methods at odds with those of Jewish physicians. Hasidism generally maintained the link between sin and disease, viewing divine punishment to result from one's failure to follow the commandments. Physical and mental healing thus involved reestablishing a right relationship with God through such acts as prayer, devotional reading of psalms, fasting, and secret acts of charity. The *tzadikim* of the later Hasidic tradition were also considered great healing practitioners. Some relied upon the curing remedies of the Ba'al Shem Tov, while others focused primarily on prayer. Rabbi Nahman of Bratzlav was unusual, however, in banning the intervention of doctors and relying solely on prayer.⁴⁵

In addition to Hasidism, other developments enriched the connection between Judaism and mental healing. Musar, a nineteenth century European-Russian Jewish movement stressing ethics and self-scrutiny, witnessed a proliferation of ethical-psychological texts which promoted the cultivation of certain behaviors and values in the quest for a balanced life. Such a balance, the proponents believed, could prevent and/or even cure mental illness.⁴⁶

Jewish Healing in the Modern Period

Massive changes in Jewish identity and self-perception followed the Eu-

ropean Enlightenment and subsequent “emancipation” from ghetto life. Beginning in the late eighteenth century, many Jews adopted an ethic of Western liberal individualism over against more traditional and communal-oriented forms of meaning, belonging, knowing, and understanding.⁴⁷ The dilemma for these Jews, once the initial excitement of liberalization and religious reform waned, was that they found themselves denuded of the psychic richness, spontaneity, and close-knit character of traditional Judaism, but were unable to go back to it, or to recapture these emotional components in the newer religious forms. By the late nineteenth century, most Western Jews were no longer immune to the prevailing modern sense of rootlessness and anomie.

In an attempt to address the widespread psychic hunger of congregants for meaning and spiritual healing, some rabbis and congregants in the early twentieth century began to look to the new discipline of psychology, with its concern with mental healing and the inner self. Given its “scientific” claims,⁴⁸ it was embraced eagerly by rabbinic counselors to gain respectability for their enterprise. Yet psychology also encouraged rabbis to redefine the relationship of Judaism to medicine and mental healing, to examine classic roles of the rabbi as priest, and to define concepts of human nature and the soul. Such examination helped to clarify and reformulate little-known or forgotten aspects of the Jewish healing tradition and enabled revitalization of Jewish spiritual

and affective life largely lost in the wake of secularization and modernization.

Rabbinic reactions to psychology varied widely, depending upon historical contexts and social locations. Rabbis were able to appreciate Freud, for instance, only by reaching beyond the initial affront of Freud’s cultural critique of religion as obsessional neurosis, to an appreciation of his revolutionary clinical understandings of unconscious motivations, psychic development, and the dynamics of psychopathology. Moreover, those rabbis who welcomed psychology as a way to recapture the roles of counselor and spiritual guide stressed that Judaism *did* possess such precedents for healing and pastoral care in scriptural, rabbinic, and later Hasidic literature, although liberal Judaism had been cut off from such precedents.

In traditional circles, however, there remained the concern that rabbis not involve themselves in therapeutic issues that might pit the individual against religious tradition and the community. Instead, rabbis should provide solace and advice at life-cycle events, focusing their counsel upon the individual’s soul and conscience, but with the consistent aim of atonement and reintegration into the community. They pointed to the well-developed body of Jewish literature, to which a rabbi need only to turn and apply, that spelled out the distinct roles of the rabbi as well as definitions of physical, moral, and spiritual health and illness. Why, then, turn to psychology for answers when

the Jewish tradition had provided such guidance for hundreds of generations?

Drawing on the Past for the Present

The contemporary interest in Judaism and healing builds on a long history of prior experience and analysis. As Jewish tradition has evolved and adapted to accommodate to new settings and developments, opinions, rituals, and theologies relating to healing have also evolved and changed. The resources and citations and texts of tradition provide an important starting point for the contemporary conversation. Where this conversation will take us, and how contemporary Judaism will respond to the current interest in healing, will depend, in part, on how we use the resources of the past to meet the needs of the present.

1. This article is abbreviated version of Chapter I of my University of Chicago dissertation entitled "The Rabbinate After Freud: American Rabbinical Responses to Psychological Thought and Practice, 1912-1980" (Ann Arbor: UMI Dissertation Services [no. 9823019], 1998).

2. Howard Clark Kee, "Medicine and Healing," in *Anchor Bible Dictionary* (New York: Doubleday, 1992), 659.

3. See also Jer. 8:22-9:6, 46:11, 51:8; Hos. 5:13; Job 13:4.

4. Isa. 3:2-3, Ezek. 13:17-20, Jer. 27:9-10; M. *Sanhedrin* 7:11; B. *Sanhedrin* 68a.

5. Madeleine S. Miller and J. Lane Miller, "Medicine in Israel," in *Harper's Encyclopedia of Bible Life* (New York: Harper & Row, 1978), 69. On healing precedents in ancient Judaism, see Elliot N. Dorff, "The Jewish Tradition," in *Caring and Curing: Health and Medicine in the Western Religious Traditions*, ed. Ronald L. Numbers and Darrel W. Amundsen (New York: Macmillan, 1986), 5-39; and David M. Feldman, *Health and Medicine in the Jewish Tradition* (New York: Crossroad, 1986).

6. Yehezkel Kaufmann, *The Religion of Israel: From Its Beginnings to the Babylonian Exile*, trans. Moshe Greenberg (New York: Schocken, 1960), 107-9; Jacob Milgrom, *Leviticus 1-16: A New Translation with Introduction and Commentary* (New York: Doubleday, 1991), 23-33.

7. Isa. 3:2-3; 2 Chron. 33:6; Ezek. 13:18-20; 2 Kings 4:22-37. See Emil Schürer, *The Literature of the Jewish People in the Time of Jesus*, ed. Nahum N. Glatzer (New York: Schocken, 1972), 151-5; and I. Tzvi Abusch, "Physicians," in *Harper's Bible Dictionary* (New York: Harper & Row, 1985), 796.

8. Num. 21:8-9; 2 Kings 18:4.

9. 1 Kings 12; 13; M. *Pesakhim* 4:9.

10. Tobit 3:16.

11. Philo, *De Vita Contemplativa* 2; Josephus, *Jewish War*, 2:136; *Genesis Apocryphon* (1QapGen) 20:12-29.

12. Kaufmann, 109.

13. John Dominic Crossan, *The Historical Jesus: The Life of a Mediterranean Jewish Peasant* (San Francisco: Harper Collins, 1991), 137-67.

14. B. *Berakhot* 34a.

15. Crossan, 137-67.

16. B. *Bava Batra* 16b; B. *Berakhot* 5b.

17. B. *Shabbat* 67a; B. *Gitin* 69a.

18. M. *Shabbat* 6:10; B. *Eruvin* 67a.

19. John P. Meier, *A Marginal Jew: Rethinking the Historical Jesus*, Anchor Bible Reference Library, Volume 2 (New York: Doubleday, 1994), 581.

20. Miller and Miller, 69.

21. Dorff, 22; Kee, 661; see also Fred Rosner, *Medicine in the Bible and the Talmud* (New York: KTAV, 1977).

22. Sirach 38:1-12.

23. Rebecca T. Alpert, "From Jewish Science to Rabbinical Counseling: The Evaluation of the Relationship between Religion and Health by the American Reform Rabbinate, 1916-1954" (Dissertation, Temple University, 1978), 34.

24. B. *Sanhedrin* 17b.

25. B. *Bava Kama* 85a; B. *Sanhedrin* 73a.
26. Dorff, 9.
27. Feldman, 49.
28. Dorff, 25.
29. Dorff, 16; *Shulḥan Arukh*, Yoreh De'ah 336:1.
30. Dorff, 17.
31. *Shulḥan Arukh*, Yoreh De'ah 335:2.
32. B. *Sotah* 14a; B. *Nedarim* 40a; Maimonides, *Mishneh Torah*, Laws of Mourning 14:4.
33. *Leviticus Rabbah* 16.8.
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Reflections on “Healing” in Contemporary Liberal Judaism

BY RICHARD HIRSH

... so Elisha came into the house, and there was the boy, laid out dead on the couch. He went in, shut the door behind the two of them, and prayed to God. Then he came near the child and placed himself over him. He placed his mouth on the boy's mouth; his eyes on the boy's eyes; his hands on the boy's hands; and the body of the child became warm. Elisha stepped down, walked once up and down the room, then again placed himself over the child. Thereupon the child sneezed seven times, and his eyes opened . . . (II Kings Chapter 4)

When we speak of “healing” few of us have in mind the sort of physical cure represented in this resurrection myth from the life of the prophet Elisha. We associate such miraculous

healing with fundamentalist religion, which advances the assumption that faith alone, especially when mediated through the personality of a charismatic spiritualist, can effect recovery. We cringe at the commercialism and shamelessness of those who hawk healing on late-night cable television, precisely because we recognize the legitimacy of the need and the transparency of the “cure.”

Rejecting Fundamentalism, Not Healing

However, progressive religious communities should not allow fundamentalist ones to claim ownership of healing, an important dimension of faith, any more than we cede the category of “religion” itself. We need to define and respond to the issues of healing from a liberal Jewish perspective. There are rich spiritual resources

Rabbi Richard Hirsh is the Executive Director of the Reconstructionist Rabbinical Association and editor of *The Reconstructionist*. An earlier version of this article appeared in the Spring 1997 issue of *Conservative Judaism*.

in Judaism that respond to the need of healing body and/or soul. A progressive Jewish approach to healing can help provide those tools, in a sensitive and meaningful way that avoids magic and evades a simple supernaturalism.

Healing is not only a vital concern—it is a significant entry point into the Jewish community for many Jews struggling with the relevance of Jewish spiritual tradition to their daily lives. Our concern for those Jews requires us to think through the personal, communal, and theological implications of what liberal Jews mean by healing. We must be able to say what healing means from the perspective of our interpretation of Jewish tradition. We are obligated to be clear to those within our communities about what Judaism can, and cannot, offer in the way of healing.

Towards a Definition of Healing

Healing has become an important and nearly universal issue within progressive Jewish communities. Yet healing risks the fate of “spirituality”—a meaningful term too often employed to refer to such a wide range of experience as to be empty of any compelling or convincing content. A liberal Jewish theology of healing ought to begin with a common understanding of the term.

What do we mean by healing? Following the inclinations of Maimonides, we might begin with what healing is *not* in a liberal Jewish theology. Healing is not necessarily the same as being cured. The type of mi-

raculous recovery presided over (literally!) by Elisha is not to be expected, certainly not what ought to be promised, explicitly or implicitly, as an outcome of Jewish healing.

To the incurably ill who seek healing, the wish-fulfillment possibilities of being cured must surely be tempting. A liberal Jewish theology of healing, however, must not become a partner in the creation of false hope. We must incorporate the tools of the spirit that speak to the *non-rational* dimension of life, while avoiding the magic and superstition that support the *irrational* inclinations that so understandably surface around illness.

Of equal concern: the rabbi who participates in the perpetuation of unrealistic expectations invites upon him/herself the appropriate scorn from the congregant who has entrusted his/her spiritual plight to the community of which the rabbi is a part. Rabbi Alan Bregman, speaking at a meeting of Chicago-area Reform rabbis, recently warned us that without careful monitoring as well as adequate self-consciousness, the “rabbi as healer” invites the narcissistic indulgences of both congregant and rabbi in an age of diminishing rabbinic authority.

Neither Cure nor Recovery

If healing is not necessarily curing, it is also not necessarily recovery. While cure and recovery are near neighbors on the spectrum of healing, they are not identical. The various twelve-step programs share an awareness that cure is ephemeral. One is

and remains recovering, rather than recovered.

Jewish healing cannot hold out the promise of recovery any more than it should extend the expectation of cure. Jewish healing services, a newly-emerging liturgical form, should avoid fostering dependency on the part of the weakest. One of our colleagues speaks of a congregant who can no longer pass him in the synagogue hallway without requesting a "blessing," apparently convinced that what stands between her and illness is the divine intervention of "the holy man."

As healing is neither necessarily cure nor recovery in a liberal Jewish theology, it is also not (only) communal and emotional support, as indispensable (and halakhically mandated under the laws of *bikur ḥolim*) as these may be. Certainly mutual, congregational, and rabbinic support are important, but they cannot by themselves replace the difficult and rewarding personal work of healing in a Jewish context.

When we sponsor a Jewish healing service we hope to create a context for those who share a similar sense of needing resources and renewal. That very togetherness (like the traditional practice of only having mourners rise for *Kaddish*) helps substitute solidarity for solitude. While some may pursue healing as a private path, the communal nature of Judaism suggests that a first step (necessary but not sufficient) is to create a communal context in which the complex emotions of illness and healing can be (discretely and appropriately) shared.

If healing becomes only caring sup-

port, however, the efficacy of healing services is likely to become diminished. We need a model of healing in which the congregation and the congregant share expectations as to the path to healing and the challenging *personal* spiritual work that this requires—and which the *community* supports.

One Possible Definition

From a liberal Jewish perspective, then, healing is not limited to, or necessarily correlated with, cure, recovery, or caring. Yet we still need to offer some tentative definition in order to create and provide appropriate words, music, prayer and, perhaps most importantly, theology—God-talk that informs and inspires us on the path to healing.

A liberal Jewish theology of healing might then be based upon the following understanding: *Healing might be understood as the transcendence of illness, of body and/or spirit, through the affirmative response to the blessing of life and the acknowledgment of the gift of living.* This is not only cure, not only recovery, not only caring; it is healing as the worked-for and worked-through path from despair to affirmation, and from denial to acceptance.

Towards a Liberal Jewish Theology of Healing

What are the metaphors and sacred myths about God that support our efforts to make Judaism a resource in the human struggle to overcome brokenness and affirm a transcending wholeness? Who and what is God,

and how does God relate to the emerging vocabulary of healing and the rituals of recovery?

Within the 4,000 year old traditions of Judaism, ancient as well as contemporary, there exists a wide range of thinking about God. Many of the dimensions of Jewish theology, from the rational to the mystical, from the personal to the abstract, can be helpful tools in constructing a theology of healing. A truly liberal Judaism—one which is fully pluralistic—should not rule out any resource from within our tradition, but should rather make available the widest possible range of options.

Rather than engage in debate as to whether God is a personal being or a cosmic force, male or female, imminent or transcendent, we can find common ground and move to a common goal by focusing on the attributes of God affirmed in the sacred myths of Judaism. For purposes of constructing a liberal Jewish theology of healing, three of these attributes emerge as essential: God as Creator, God as Revealer, and God as Redeemer.

Three Perspectives

These three attributes, of course, form the triangular foundation of Jewish liturgy and Jewish theology. The morning and evening prayers progress through this sacred cycle with the comforting rhythms of repetition. Jewish prayer begins with reflections on creation/nature (*Ma'ariv Aravim, Yotzer Or*), moves on to revelation/Torah (*Ahavat Olam/Ahavah Rabbah*) and ascends to redemption/

Exodus (*Emet Ve'emunah/Emet Veyatziv*). Using the corollary attributes of God provides a convenient, traditional, and sacred language for understanding what God may mean for us through the prism of healing.

There is an additional advantage to employing the sacred myths of God as Creator, Revealer, and Redeemer in the enterprise of creating a liberal theology of healing. The traditional prayer for healing, the *Mi Sheberakh* ("May God Who Blessed . . .") speaks of healing in three dimensions: *refu'at haguf*, healing of body; *refu'at hanefesh*, healing of spirit/soul; and *refu'ah shelemah*, a healing of wholeness.

The construction of a liberal theology of healing can begin with the association of each of these dimensions of healing with one of the three sacred attributes of God. Thus: for the healing of body we need a theology of God as Creator; for the healing of spirit/soul, we need a theology of God as Revealer; and for a healing of wholeness, we need a theology of God as Redeemer.

God As Creator—Healing of Body

Many of the illnesses with which we deal are of the body: diseases, chronic conditions, infirmities. In some cases these are treatable, with the treatments varying from those easily administered and endured to those that are painful and problematic in themselves. Put simply, often that for which we seek healing is the very real physical malady that makes our bodily

existence uncomfortable, perhaps even unbearable.

Both illness and treatment serve to remind us of the irreducible reality of our physical bodies. Bodily illness forces us to confront the universal circumstance of being: we came into the world at a specific point in time and however reluctantly we accept or admit it, we leave this world at a specific time as well. Our bodies cannot endure eternally.

A liberal Jewish response to the healing needs of the body might begin with a rediscovery of the centrality of creation. We need to focus on the possible meaning implied in the question "why something and not nothing?" Why is there a creation, a physical world, within which each of us lives in a created, physical body? What meaning can we derive from the reality of existence itself?

Tradition and Experience

The answers to these questions arise from two areas: tradition and experience. As Jews, we affirm the Torah tradition that existence itself is the creation of God; without God, there is no world. Since God did not have to create the world, the act of creation itself is a gift of the Creator. The life we live within that creation can become a gift as well.

From experience we know, even in our most bitter moments of affliction, that life has also yielded moments of joy, love, and wonderment, many of which are directly dependent on our created bodies. A hug from a grandchild in which the grandparent feels, quite literally, the reality of generativ-

ity, is different from the reassurance conveyed by an "I love you" uttered over a long-distance phone call. The sensual solidarity conveyed in the intimacy of sexual relations provides a physical compliment to the emotional affirmations shared by loving partners.

Healing of body begins when we refuse to allow current or chronic physical affliction to rob us of the reality of the pleasure and meaning that our body has allowed us to enjoy. It is the reclaiming of our body from the ravages of illness.

Healing of body may begin with a simple touch, with an affirmation of body and by implication of the soul within that body, each part being united in the "divine image" in which all are created. The simple gesture of holding a hand becomes an endorsement of dignity. Healing of body is supported by the comfort of contact.

Creation and the Body

A liberal Jewish healing service ought to include prayer, song, and study that renews and supports our faith in God as Creator, as the One who calls life into being and confers *kavod* (honor, dignity, respect) on those created ones within the world. As those who are ill often correctly remind us, they are people who happen to have an illness; they are not the illness itself.

This insight, by the way, ought to encourage us to examine the relative benefits and potential losses inherent in the creation of separate "healing services." An alternative is incorporating a prayer/moment of healing within *existing* services. What is the

balance of individual/community and healthy/ill when we create a service devoted entirely to healing? What is the message about who people are in their totality?

Awareness of creation and of our bodies as part of creation also enables us to accept with less fear the inevitable end of each life. In Judaism, God alone is Creator, and the creation in which we live, while God's gift, is not divine. Jewish healing formats that allow this affirmation gently to surface help in the task of transcendence, for they remind us that even as we are more than our illnesses, we are also more than our bodies; we "are" also our souls, affirmed by Jewish tradition as eternal.

God As Revealer—Healing of Spirit

When we pray for healing, we pray as well for *refu'at hanefesh*, the healing of the spirit. Some physical afflictions are accompanied by coordinate sickness of the spirit, and some afflictions are of the spirit alone. Sadness, depression, anxiety, and anger are only a few of the maladies that exhaust the soul and diminish its luster. A liberal Jewish theology of healing might rediscover, in the metaphor of God as Revealer, resources that can support and sustain those who seek healing of the spirit.

We know from the biblical accounts of the deliverance from Egypt that among the most difficult challenges, for God as well as for the Israelites, was the eradication of a sense of enslavement. Even after the passage

from Egypt, the community seemed unable to imagine itself as anything other than a group of slaves. They remained wedded to the images of oppression and uncertain how to manage the transition to liberation.

The revelation at Sinai intercedes, and from that moment on, potentially at least, the community begins to grasp the possibility of what it might mean to re-image oneself. Put differently, the revelation of God, whatever we might understand that to be, stands as a dividing line between what is and what might be.

A liberal Jewish theology of healing ought to emphasize the dialogic and covenantal dimensions of the revelation at Sinai. For progressive Judaism, what matters is the decisive incursion of God into the life of the community and the covenantal response of that community to their shared experience. Torah emerges out of the call-and-response understanding of revelation affirmed by progressive Judaism.

Revelation As the Possible

Revelation can be an important category for the healing of the spirit. God as revealer can become the spirit/power/dimension of reality on which we depend for the ability to detach from a self-perception as someone who is "sick in spirit," i.e., enslaved by illness. Revelation becomes the incursion into our lives of the divine call to which we respond with "all our heart and all our soul" as we enter into a new relationship that presents the possibilities of the future.

In progressive Judaism, we often reject the traditional metaphor of rev-

elation because we do not expect God to whisper the magic word that will alleviate our illness. But so too must we reject the classical liberal/humanistic view of humans as “godly,” which might imply that those who suffer in spirit must somehow “lift themselves.”

Revelation-as-relationship is a post-modern insight worth exploring as a means of healing. We need to consider the decisive moment of Sinai as a metaphor for entering into relationship with God, a God who is revealed to us in ongoing dialogue with the soul and spirit. The ancient Israelites had, after all, been freed from the physical constraints of bondage before they reached Sinai; the giving of the Torah is understood by tradition as the beginning of the healing of the spirit of servitude.

The Place of Study

The revelation at Sinai is a revelation of words, which inaugurates a tradition of study as prayer. What a liberal Jewish theology of healing can do to foster *refu'at hanefesh*, healing of spirit, is to create opportunities, primarily of study, in which ancient and modern voices are heard in their response to the reality of God.

In addition to song and meditation, prayer and poetry, our services of healing should thus allow for periods of study, preferably in *hevrutah* (establishing and reinforcing the reality of human contact). We should provide texts that speak of the afflicted soul, and encourage those in need to see these texts as resources in the attempt

to establish and maintain a dialogic and covenantal relationship with God.

The Psalms as well as the wisdom literature (particularly Proverbs and Ecclesiastes) contain many examples of insights that help locate us within the larger universe of the Spirit of which we are a part. God as Revealer becomes the partner in the healing of the spirit because, as Revealer, God enters into relationship with the “us” that is more than (but not separate from) body. The literature of the destructions of 586 B.C.E. and 70 C.E., although largely couched in collective terms, also suggests responses which may be beneficial to the individual.

Afflictions of the spirit may not disappear, may not even perhaps diminish (as indeed the imprint of slavery remained on the generation of the Exodus). But in moments of revelation, those who know the suffering of the soul can glimpse a light towards which they may be guided and from which they may draw hope. They can appreciate the illumination that breaks their darkness.

Listening to Voices

Our classical texts and contemporary poetry contain personal testimonials to the ability of the soul and spirit to hear the Voice of God and become transformed in response. And where transformation is not possible, there are also models of transcendence—in the stories of those who were able to see through and past their immediate circumstance to a deeper dimension of life and living. At the risk of minimizing the experience of European Jewry in this century, as

well as incorrectly associating illness with genocidal assault, many of the responsa of the *Sho'ah* (Holocaust) demonstrate a determination to maintain dignity through the affirmation of transcendent value/ritual in situations of extreme distress.

We should not, however, limit ourselves to texts of distress. We need to hear the words of those whose spirits have soared, and whose lives have been whole. Jewish experience, like individual human experience, has witnessed joy as well as sorrow, elevation as well as degradation. We need to remember the blessings of life, and to assert our affirmation for the beauty, love, and creativity that are also part of human existence.

God as Revealer can thus become a source of sustenance to those in need of healing of spirit when we use the myth and metaphor to seek and suggest opportunities for entering into relationship with God.

God As Redeemer—Healing of Wholeness

We end where we begin. We should not forget that the traditional *Mi Sheberakh* for healing begins with the hope of a *refu'ah shelemah*, a healing of wholeness, before it goes on to ask for the healing of body and spirit (*refu'at hanefesh* and *refu'at haguf*). Ultimately, what we seek in healing is the fusion of body and spirit in the quest for transcendence of circumstance.

Redemption is a problematic metaphor for progressive Judaism. We reject the supernatural narrowness that

encapsulates the hope for the future in the personality of an anointed one, a messiah, who will act as God's agent in rectifying the wrongs of life. Yet we need to affirm, as an act of Jewish covenantal faithfulness, the belief in the future that resides within that archaic imagery.

Progressive Jews now understand the problematic assumptions of the once common classical liberal substitute for the Messiah—the “Messianic era.” This imagined time of universal peace and wholeness brought about by corporate human effort was once the glory of a rational faith. At the end of the twentieth century, however, faith in universal human goodness seems as irrational as the expected arrival of the Messiah son of David. Neither the Messiah nor the Messianic Era are any longer anticipated with equanimity.

So how then do we bring together the quest for *refu'ah shelemah*, the healing of wholeness, with the affirmation of God as Redeemer? How can a liberal Jewish theology of healing recover meaning from this most difficult of categories.

The Faithful Healer

Reclaiming the attribute of God as Redeemer might become yet another resource in our quest for healing. It is through the act of redemption that God becomes for us the *Rofeh Ne'eman*, the Faithful Healer, for it is through redemption that the inequities and injustices of life and of living are set right. It is through redemption that illness, agony, and yes, even death, are overcome and denied final-

ity. And only with faith in God can we make this final affirmation that becomes the ultimate source of true healing.

What Elisha accomplishes in the mythic story with which this article began is not merely the reanimation of the dead child. Through the symbolic seven-fold sneezing, the primal seven-day act of creation which concludes with God breathing life into Adam, animating and ensouling him at the same moment, is recapitulated. Healing can be, quite literally, giving the gift of life, giving the gift of meaning, giving the gift of reawakening to the blessings that have been bestowed, the reality of which illness and loss cannot revoke.

Redemption becomes the act of experiencing our lives as ultimately being one with the God who is One. It is knowing that the end of living is not the end of life, and believing that beyond illness of body and spirit there is the peace of eternity beneath the wings of the *Shekhinah*. The God who creates the context for living, and Who is revealed in the encounter and response of our deepest living, is the God who preserves the holiness of each life that is lived in the world.

Facing Death

Many Jews no longer know that there exists in Jewish liturgy a special *Vidui*, or confessional prayer, to be recited at the end of life. It is an essential tool for the healing of wholeness. This is what a Jew is supposed to say when death approaches: "I acknowledge before you, my God and God of my ancestors, that both my

recovery and my death are in your hand. May it be your will to send me a complete healing. But if death be Your decree, I will accept it in love from Your hand . . . Into your hand I entrust my spirit . . . *Shema Yisra'el Adonay Eloheynu Adonay Ehad*; Listen, People-Of-Which-I-Am-A-Part [and, therefore, I am not alone], *Adonay Is Our God, Adonay Alone*."

That trust and love is what we mean when we say "You shall love the Lord your God with all your heart, and with all your soul, and with all your might." A whole heart is one that can still love, despite pain, that can let go without letting go. A healed heart is one which has endured loss—even anticipated and glimpsed its own loss—and can still be filled with meaning. Seeing the boundaries of life, we retain the capacity to transcend them by denying their finality. *Refu'ah shelemah*, healing of wholeness, comes with the understanding that to love God with all of our heart can only mean with everything that is in our lives, the joy and the sadness, the presence and the memory, the health and the sicknesses, the hope and the loss.

The healing of wholeness, as the *Mi Sheberakh* defines it, is the healing of body and the healing of spirit. We should read the prayer thus: "*Refu'ah shelemah*—[this is] *refu'at hanefesh* [together with] *refu'at haguf*." What we pray for, then, is not only the moment of recovery or the lifting of the cloud that rests on our spirit; what we pray for ultimately is to understand our lives within the grand metaphors of creation, revelation, and redemp-

tion. What we pray for is incorporation of our individual lives into the eternal life of God, which alone can redeem us.

The Work Ahead

According to the Talmud, "Until the time of Abraham there were no physical signs of aging; until the time of Jacob, no one ever became sick; until Elisha, no one ever became sick and recovered." (B. *Bava Metzia* 87a)

Rabbis—liberal or otherwise—cannot revive the dead, and cannot cure the afflicted. Only God can do the former, and doctors cannot always do the latter. But we can be healers, and we can support healing, because even those who will not recover from a betrayal of the body or spirit by any number of cruel, unjust, and debilitating diseases can be healed.

Liberal Judaism can create a healthy atmosphere for exploring healing from a spiritual perspective. We can provide services, sources, song, and study which support the soul and create community. Rabbis can become spiritual guides, opening up the richness of four millennia of often weary yet triumphant experi-

ence with loss and recovery, sickness and health, despair and affirmation.

Not everyone with whom we work is going to "get better." We will experience sadness, loss, impotence, and anger. The ways in which we rabbis respond to our own limitations may be among the most powerful lessons we teach about transcending circumstance and keeping faith. No less than those with whom we work, we require healing in order to remain healers.

And so we pray: "Heal us, *Adonay*, and we shall be healed; save us and we shall be saved, for you are our praise. Grant a healing of wholeness from all our afflictions; for you are a sovereign God and a faithful and compassionate Healer. Praised are you, *Adonay*, who heals the sick among your people Israel, and all the inhabitants of Your world."

[I wish to express my appreciation to Rabbi Simkha Weintraub, who brought a number of the traditional texts cited in this article to my attention during a teaching session he led at a convention of the Reconstructionist Rabbinical Association.]

Jewish Healing Services

BY MYRIAM KLOTZ

Towards the end of 1997, on a Wednesday evening, I sat with about twenty people in a circle of chairs in the lobby of my local synagogue, the Germantown Jewish Centre. Approximately half of those present were members of the synagogue. The room was dark, with the exception of many candles in the center of the circle, where there was, on a table, a large clear bowl filled with water. We were gathered for our monthly Jewish Healing Service, Miriam's Well. Towards the end of this hour-long service of prayers, song, and meditation, participants were invited to approach the bowl of water and symbolically to wash our hands in the healing waters from the well of the prophetess Miriam. Not in order to be cured of illness particularly, but hopefully to experience a moment of joy, and the sense of well-being that such moments can produce.¹ We were singing to the accompaniment of a guitar and drum, one by one making our way to this water, to ritualize

communally our personal quests for *refu'ah shelemah*, full healing—physical and spiritual wholeness. After a few moments of this ritual, I looked up. I saw before me someone I'll call Linda, approaching the well. Linda was not simply walking. Linda, I noticed, was dancing. A subtle, slow dance, she was swinging her hips and snapping her fingers to the song, an African-American spiritual, "Wade in the Water." Linda had a glowing smile on her face as she quietly sang the words, and she appeared to be truly joyful.

Linda did not approach the well alone, as most participants do. She was accompanied by her husband, George. George stayed close by her side. He had to. George was carrying Linda's oxygen tank, which was about the size of a home fire extinguisher. Linda had been struggling with ovarian cancer for twelve years. At the time of this Healing Service, Linda was very ill. Her body was failing, the cancer ultimately claiming her physi-

Rabbi Myriam Klotz is the Rabbinic Director for the Kimmel-Spiller Jewish Healing Center at the Jewish Family Service in Delaware. She has served as Chaplaincy Coordinator for the HIV/AIDS Services of the Jewish Family and Children's Service and the Jewish Working Group on AIDS in Philadelphia.

cal health in what was to be Linda's final bout with the cancer. She died approximately three weeks after the night of this Healing Service. Linda's body was broken and in pain. And yet, she came regularly to this service for Jewish Healing, and this time, when she approached the symbolic well of healing waters, she did so not walking, but dancing—smiling—and snapping her fingers to the music.

The image of Linda dancing to this well, oxygen tubes by her side reflecting the candlelight, is etched in my mind. Linda had the courage to live in that moment with hope and presence of self even as her body was deteriorating. Linda's dance illustrates that healing is possible, even when a cure of the body is not. In that moment of the Healing Service, Linda could stand in the presence of others and be witnessed, embodying a prayer of wholeness, even when fracture loomed: dancing with simple praise for life, even in the face of death. This Healing Service provided Linda a context in which to offer such praise, in the presence of community, a community which likewise was enriched by receiving the inspiration that Linda's example offered. The sense of connection between human beings which the Miriam's Well Jewish Healing Service provided then was transformative and deeply inspiring.

A Newly Emerging Liturgical Form

Extraordinary, what happened that night in the lobby of the Germantown Jewish Centre, but not unique. Across the country, the thoughtfully com-

posed structural and environmental components of Jewish Healing Services like Miriam's Well are designed to allow for and encourage such tender and sacred moments as those that Linda and the other participants experienced. Jewish Healing Services are a newly emerging liturgical form in the American Jewish community, one that has been met with much enthusiastic success. Variations of this kind of service have blossomed nationally, in a variety of communal and institutional settings that span denominational affiliation.

Why the appeal of this new form of liturgical expression? Jewish Healing Services provide a safe and intimate context in which the kinds of prayers and sharing of hopes and hearts that leave participants feeling deeply moved and connected, is commonplace—for some, moreso than in traditional contexts of worship. Jewish Healing Services provide unique settings for participants who are suffering because either they or someone they care about is facing chronic or acute illness or loss, large or small. The appeal of this new phenomenon in the Jewish community can be explained in part because it provides ample and nurturing space in which to enable participants to linger with their psychospiritual experiences, to encounter contemplatively their deeper concerns, fears, hopes, griefs, and to then be able to acknowledge these underlying wishes and states of being in a prayerful context, whether out loud or silently. They do so in the company of others who are similarly open, even though the particulars of

each person's experience might differ vastly, ranging from terminal cancer to the loss of a job to a lingering cold that drags one down. In a contemporary society which prizes success, physical strength, and individualism, Jewish Healing Services provide needed communities of comfort and respite.

Inclusive Theology: Traditional Liturgies, Innovative Forms

Free-standing Jewish Healing Services (those not incorporated within traditional times and forms of Jewish prayer) combine traditional liturgy and contemporary modes into new forms. Such structures create an opportunity for each participant to be in relationship with his or her suffering, with the larger community, and with the Eternal. Rabbi Nancy Flam, one of the primary creators of the original Jewish Healing Services in the early 1990s, explains that inherent in this relational model is the inclusivity of differing theological perspectives.²

For some, simply being together in a community of comfort is itself healing. For others, the service provides an invitation to open themselves in their suffering towards God, whom they understand as the Omnipotent Healer, who will ease pain and bring healing, in some form, at some time. Still others, who understand healing to be generated from a universal, life-loving force of Creation, seek to magnify those qualities within themselves to generate physical/spiritual healing. Some, explains Flam, may find God

expressed in the social relations among participants: human beings represent for one another the divine as they care for and support one another by compassionate witnessing to those in their midst. There is much room for the wide range of theological orientations that people bring with them to a healing service; this inclusivity makes a supportive environment possible.

There is one important theological stance that does inform such services however: "healing" does not imply a kind of magical or supernatural cure for or intervention in someone's illness or suffering. The term is taken from traditional liturgical sources such as the *Mi Sheberakh*, in which the petitioner asks for "*refu'ah shelemah, refu'at hanefesh, urefu'at haguf*—a full healing, of soul and of body." The understanding of the term "healing" is not necessarily that one's physical condition should improve. As mentioned in the case of Linda, this kind of cure is not always possible. What is sought after is a sense of comfort and integration. What is possible is peace of mind and body with one's circumstance, a sense of integrative acceptance that maintains or rediscovers hopefulness and faith, however such hope and faith are understood by the individual. Jewish Healing Services are intended to be inclusive, respectful of the experiences and orientations of all present.

History of Healing Services

In 1988, Rabbi Yoel Kahn of Congregation *Sha'ar Zahav* in San Fran-

cisco was asked to lead a “model Jewish liturgy of healing” for a conference of the Lay Academy of the Episcopal Church of Northern California. Originally, Yoel thought there was no particular Jewish liturgy for healing except the *Mi Sheberakh* prayer. Upon reflection, however, he believed that much of the traditional liturgy could be adapted for a service whose focus was on healing. *Sha’ar Zahav* utilized this service on a regular basis until Rabbi Nancy Flam, who was then director of the Jewish Healing Center in the Bay Area, adapted it further with various groups in northern California. Since that time, other communities nationally have caught on to this unique model, as it spread through conferences, publications, and the distribution efforts of the New York based National Center for Jewish Healing, which began in 1994 as a development of the Jewish Healing Center (currently functioning in the Bay Area as *Ruach Ami*: Bay Area Jewish Healing Center).

In 1995, two Philadelphia residents took from these existing services a model which they adapted for use at the Germantown Jewish Centre, and Miriam’s Well: A Service of Jewish Healing was born. Rabbi Dayle Friedman, then Chaplaincy Director at the Philadelphia Geriatric Center, and Lois Swartz, an educator and Reiki practitioner, combined their interests in healing and Judaism and created this service, which they co-led, along with the help of a musician who accompanied on guitar. Miriam’s Well has been offered consistently the

first Wednesday of each month from 7-8 pm, and there are anywhere from ten to thirty people in attendance at a given service. While the service has evolved in the four years since its inception, it has continued to be held without fail, and this stability has become a source of strength in the community.

In addition to the service being held consistently over time, there has been overall structural consistency as well, which likewise provides comfort and safety for participants. Before the service begins, care is taken to arrange the space so that it is welcoming. Chairs are arranged in a circle. A small table is set in the center, on which is the large bowl of water, candles, natural objects such as leaves or flowers, and, a *tzedakah* box. Lighting is dim, mostly provided by the candles. On the door is a sign asking people to enter in silence, which is maintained until the service begins with a *nigun*, a wordless melody, and simple song from the book of Psalms (“For with you is the source of life”), followed by a brief introduction in which facilitators introduce themselves and explain what participants can expect to happen in the hour which will follow. There will be four primary sections to the service, they learn. Silent meditation, a Litany for Healing, a brief Jewish teaching, and a conclusion during which participants can approach the well for hand-washing and the giving of *tzedakah*. Such explanations are especially helpful for new guests, who might feel apprehensive because such a service is foreign to them.

Structure of the Service

Participants learn that the service will begin with about twelve minutes of silent meditations, which will be punctuated by four readings or reflections of poetry or liturgy in order to provide some focus for the meditative experience. The intent of beginning in this way is to allow attendees to quiet and settle their minds, to find respite in the stillness and relaxation in the quiet. Following this beginning, the second major portion of the Healing Service allows people to offer aloud their personal prayers for healing on behalf of themselves or others. Utilizing a contemporary song based on the biblical injunction that Moses offers succinctly and urgently to God to heal his sister when she becomes ill—“*Elna, refa na lah*” (“Please God heal her”)—participants state their prayers and each person’s prayer is responded to by the communal singing of the “*Elna*” melody. This section of the service is crucial in providing a space for members to give voice to their personal concerns in the context of communal, deep support to witness those prayers. Again and again, as participants take risks to share their hopes and fears, their moments of gratitude or grief, and as others listen in deeply supportive and attentive fashion, boundaries of aloneness and alienation and sometimes shame and numbing denial are shattered. People have often commented that as a result of this sharing, they feel less alone, both from having prayed out loud amidst witnesses, and, from having

been such a witness to the sacred interior that the petitioner has revealed. This Litany of Healing concludes with a collective *Mi Sheberakh* sung together.

Since Judaism understands that the teachings of Torah can themselves be sources for healing, each Miriam’s Well includes a brief *devar Torah*, or teaching. The topic varies from month to month, sometimes related to the weekly Torah portion or an upcoming holiday, or it might be related to a particular theme of the speaker’s choice. Whatever the specifics of the *devar Torah*, the aim is to relate it in an explicit way to some aspect of healing, from a Jewish perspective.

The service concludes with the ritual of hand washing at the bowl in the center of the circle. While participants come up to the bowl in twos or threes, the community remaining seated sings the African American spiritual “Wade in the Water” and Aryeh Hirshfield’s “*Ufros Aleynu*” (“Spread Over Us a Shelter of Peace”). As people approach the well, they are invited to contribute to the healing of the world, by offering some money for the *tzedakah* box on the table. Periodically Miriam’s Well participants decide which charitable causes to contribute to.

Lastly, participants bless one another in dyads, using either the Priestly Blessing, or a blessing of their own choosing. Then the group forms a circle once again, and concludes with the song from the late night liturgical prayers invoking the presence of the angels to guide one through the

night. Before dispersing for the evening, guests are invited to stay for snacks of fruit, cookies, and tea. This socializing time following the intensity of the service is often a lovely, warm opportunity for participants to solidify and enjoy community ties, which perhaps were germinated during the service.

Adaptations and Implications

The simplicity of this model is quite useful. Its basic structure can be adapted for use in a variety of year or life-cycle settings. For example, it has been formatted for use on the High Holy Days as an alternative service for second day Rosh Hashanah, for Yom Kippur *Minhah* services, or for a *Rosh Hodesh* gathering. Some communities have chosen to hold Friday night healing services once a month.

Additionally, I have adapted the Miriam's Well Healing Service model to accommodate people facing serious illness or surgery. Participants have at times requested a prayer circle held in a private setting with family and friends. Most recently, a Jewishly unaffiliated woman I'll call Jill was struggling with cancer. She had learned of Miriam's Well from her sister. Jill decided to try the service, and found it to have value for her. She had been attending on a regular basis for several months, but was now too ill to travel outside of her home any longer. So, Miriam's Well paid her a house call. I and rabbinical student and Miriam's Well intern Micah Becker-Klein arrived to find gathered in Jill's living room a circle of nine primary family members, and the family dog and cat.

Jill was hooked up to a large oxygen tank. Together, we sang, held silence, and one by one the family members expressed their love and their concern. Many offered their prayers that Jill should find peace and be free of suffering. Jill, too, was able to offer prayers for her healing, that she find peace in her journey, and she gave prayers that her family should find comfort.

This healing circle gathering provided a space in which moments of closure and caring could be expressed in Jill's family. As it turned out, this circle was to be the last time that Jill was able to be responsive with her entire family. Later that same night, following the healing service, Jill's health began a rapid decline and she died a week later.

There are no words to describe my sense of humble gratitude for the existence of Miriam's Well in its simple, adaptable format. In this case, it has helped enable someone to find comfort—Jewishly, spiritually—during her last days. Jill and I had the chance to talk about some of her fears of dying, and about how she would like to have her body prepared for burial by the Jewish Burial Society, the *Hevrah Kadisha*. The Reconstructionist *Hevrah Kadisha* did prepare Jill's body for its final resting place and, I hope, helped to provide solace, comfort, dignity, and healing for her soul, as well.

Jill's story is but another example of the infinite possibilities for Jewish Healing Services to provide healing throughout, and beyond, the life experience of individuals. In this case, it

all began because Miriam's Well Healing Services were advertised on the Germantown Jewish Centre's Web site, and someone needing such a service happened to read it, come, and come again—and there it was. Suddenly, someone had a Jewish way to find a bit of comfort, resolution, and care in her preparations for dying. Certainly Healing Services are not always involved in the community's life in such dramatic ways as it was with Jill and her family. But the fact that the Healing Service does exist on a regular basis, and can be adapted to meet individual needs as they surface, is a blessing which manifests in ever unpredictable forms. Jewish Healing Services can help to bind a community together by filling in gaps that literally span the realms of living and dying.

A Unique Mode of Outreach

Jewish Healing Services are not intended to be a substitute for moments of healing in traditional prayer formats in the larger community. In fact, a beneficial outgrowth of the Jewish Healing movement has been the renewed incorporation of such moments in many synagogues. Shabbat morning *Mi Sheberakh* prayers for healing, for example, enable those in need of comfort and those needing to pray for others to do so, and helps sensitize the entire *kahal* to become more of a caring community. But Jewish Healing Services serve at least two slightly different, and crucial, functions which are distinct from healing moments in traditional prayer services. First, they often attract unaf-

filiated Jews, like Jill, who would not step into a conventional synagogue service. Second, they provide an additional and particular container for affiliated Jews at moments when they encounter loss or crisis in their lives or in the lives of others they care for.

The Miriam's Well Jewish Healing Service is publicized in the monthly synagogue newsletter. In addition, it is advertised in local papers and on the internet, open to any and all who wish to attend, free of charge. Frequently, new participants come to the service not because they are members of Germantown Jewish Centre, or any other synagogue, but because they have heard or read about the service. They come with sometimes curious, sometimes wary, expectation that it will provide them solace, hope, comfort, quiet, or other things—specific or general, defined or inchoate—which they are seeking. Jewish Healing Services are thus a potent outreach tool able to attract unaffiliated people in need of community and prayer life who do not feel welcome or drawn to regular times and modes of worship, yet. Yet—because an implicit but driving intention amongst Healing Service sponsors is that these services will serve as a bridge leading to more extensive Jewish community involvement. Such involvement compliments and builds on the healing that is experienced in the unique space of a Healing Service.

Tools for Specialized In-Reach

Jewish Healing Services are able to reach out to marginalized individuals and can penetrate the sense of isola-

tion which is often engendered when someone directly suffers chronic or acute illness or is a caregiver for someone suffering. In addition, Healing Services have the capacity to draw out affiliated community members who perhaps are struggling with an illness or loss which has yet to be fully integrated into their lives. In the safety and nurturing depth of a Healing Service, such individuals can achieve a level of healing which they profoundly need, and deserve to receive Jewishly.

When someone chooses to attend a Healing Service, she or he is making an important statement, both to oneself and to others present: I seek healing. Whether it be for myself or someone else, I come in anticipation that I can address my desires for wholeness, that I can express my prayers of concern. Or gratitude. Or anger, grief, appreciation, comfort, or whatever else is there to be expressed.

Sometimes even well-connected and happily affiliated Jews need to have a safe space in which the not-so-public persona of vulnerability and brokenness can be fronted, let out, shared in the company of others likewise opening themselves. Much as we wish for our conventional settings of synagogue life to be able to provide such space, it is simply often not the case. The pacing of traditional services and the wide-ranging needs of community life on any given Shabbat or holiday does not lend itself easily to the kinds of sometimes risky, most always intimate, sharing that Healing Service participants experience. And sometimes even the most gregarious of synagogue leaders needs a place to

release emotions and express concerns, Jewishly.

For example, I recently facilitated a service which was attended by a prominent Jewish community figure, whom I will call Michael. While Michael is an active participant in communal life, he has not before been a regular attendee of Jewish Healing Services. During the service, Michael sang softly and listened intently to others as they prayed aloud. Then, Michael offered his own prayer on behalf of a family member who was in trouble and needed much moral and spiritual support. Michael's voice broke as he spoke and prayed, and he acknowledged that he had not realized how upset he had been until he began to articulate his prayer. The safety and intimacy of the Healing Service gave Michael an outlet to disclose a prayer of his heart, which perhaps he himself would not have realized had he not been in such a supportive environment.

Making the case for free-standing Healing Services, however, does not preclude the value inherent in including moments of healing in existing services. It is not an either/or situation. The Jewish Healing Service should be but another arm of a vital community's outreach and inreach offerings, designed to attract participants in need of its unique components.

Looking towards the Future

There are many reflections these days regarding how we envision Jewish life in the next century. While I share the concern of many Jews about

the rates of assimilation and intermarriage, the increasingly divisive nature of the relations between Jewish movements, and related troublesome issues, I am most hopeful about the power that Jewish Healing has as an organizing principle to bring Jews from across the spectrum, affiliated and otherwise, together to share in meaningful and rich experiences—experiences which build momentum when had by many individuals around the country, in a variety of ways, and which have the potential to effect positive change in many ways. We may no longer (if we ever truly did) hold common visions about the overarching questions like how to find meaning in life, or the value of suffering, or how to best train and guide new generations of Jews.

But when Jews of all persuasions can come together and experience even brief moments of well-being; when we can pray together with hon-

esty and humility, hope and fears explicit and authentic; when a true and rich diversity of beliefs can sit side by side, silent or in song, with acceptance and vulnerability; when we can allow these moments to blossom into the creation of a truly caring community reaching out to others in times of need—then, we will be embodying a Judaism itself in process of healing.

Jewish Healing Services may not cure all the ills of the Jewish community nor the concern about its future, but they can provide a modicum of healing to help soothe the wounds engendered by the demands of our times.

1. It is said in rabbinic tradition that a miraculous well of water accompanied Miriam throughout the desert wanderings of the Israelites. *Kitov*, Vol. 2; 157-162.

2. Nancy Flam, *A Leader's Guide to Services and Prayers of Healing*, (New York: The National Center for Jewish Healing, 1996), 5.

A Jewish Theology of Pastoral Care

BY LEWIS JOHN ERON

The Apostasy of Elisha ben Abuyah (Aḥer)

The sages of old used the occasion of the tragic death of a young boy who had fallen from a tree while collecting eggs at his father's behest as the critical event in Elisha ben Abuyah's rejection of the traditional faith (B. *Kidushin* 39b). After witnessing the accidental death of the child, Elisha ben Abuyah uttered the classic cry of despair, "*Let din velet dayan*"—"There is no justice/judgment nor is there a judge."

Why did this small event shatter ben Abuyah's faith? Surely, he was no stranger to tragedy. He lived only two generations after the Roman destruction of the Temple. The land of Israel was under foreign domination. Life was hard and short. Why this one event?

It was not only its inexplicability that drove ben Abuyah to despair. It contradicted his fundamental belief system. The child died during the per-

formance of a mitzvah, a mitzvah whose explicit reward was the promise of long life (Deut. 22:6-7). He tumbled from a high branch as he tried to chase a mother bird away from her nest before he collected the eggs.

We can imagine Elisha ben Abuyah's heart and mind racing down this logical path. The child was innocent. He died in the performance of a mitzvah, a mitzvah whose observance merits the blessing of a long life. Nevertheless, the child died. Therefore, "*Let din velet dayan*"—"There is no justice/judgment nor is there a judge."

Although, the rabbis of old often identified Elisha ben Abuyah as Aḥer, "the heretic—the one who took another point of view," ben Abuyah did not leave Judaism but remained a character in rabbinic literature often appearing in conversation with his disciple, Rabbi Meir. Unlike the various other sectarians and heretics, he remains connected in some strange fashion with sages. But despite his erudition, he remains the "other."

Rabbi Lewis John Eron, Ph.D. is Jewish Community Chaplain for the Jewish Federation of Southern New Jersey.

Challenge of Theodicy

From a traditional theological point of view, Elisha ben Abuyah's despair is brutally honest and compelling. The challenge of theodicy leaves us with the unsatisfying choice of God as either heartless or powerless. In the presence of tragedy, many have joined with Aḥer and proclaimed, "*Let din velet dayan*"—Either God has not done justice, or God is an impotent judge.

Aḥer's response was an honest response, but from a Reconstructionist perspective a misleading and ineffectual one. For all his honesty, Aḥer failed as a care giver and a comforter. Aḥer looked upward at God and inward into his own soul and saw darkness in his pain. Had he looked downward to earth and outward to the family bereft of their son, it is likely that he could have brought light to the pains of others.

To me, this is the heart of Mordecai Kaplan's "Copernican revolution," his "theology from below," his hopeful pragmatism. In times of trial we are to focus not on God's ways but on our response; not on what happened but on what we might do. From a Reconstructionist point of view, Aḥer's cry, "*Let din velet dayan*," is wrong not because it is heretical but because he aimed at the wrong target.

A judgment had been made, but it was a human judgment and not a divine one, and there was a judge who rendered that judgment, but it was a human judge and not a divine one. Elisha judged and our tradition preserves his judgment.

Judge and Judgment

From one perspective—a negative perspective—Elisha ben Abuyah's statement pushes him out to the margins of Jewish and human life. From another perspective—a positive perspective—one can co-opt Aḥer's cry and use it as a pathway on our search for meaning in human life.

Yesh din—there is a judgment. Judgments can be made but they are human judgments. It can be the negative judgment that death (or is it all of life?) is unfair. On the other hand, it can be the positive judgment that there is the potential for a human evaluation. Even in the presence of tragedy, we have the power to assess the situation and define a response to it.

Yesh dayan—there is a judge. There are many judges but they are human judges. As judges, we can make the negative judgment that if God is the judge, then God must be either cruel or weak. But we can also make the positive judgment that as human judges, we now have an opportunity to be merciful and supportive or cold and uncaring. We cannot change what has happened, but we can respond to the new situation. In any case, we are the judges and our response is the judgment.

Things Happen and . . .

The world and its creator often seem indifferent. The good and the evil seem to be treated similarly. The blessings and curses of life do not seem to discriminate on the basis of moral worth. As the *Nishmat* prayer

reminds us, rain falls equally on the righteous and wicked. In times of success as well as in times of trouble, the only answer to the question, “Why me?” is “Why not?”

The events of our world seem to be without direction and confused. Uncertainty is built into creation. We can project causal connections behind any event only a few steps before the lines cross back and forth in a random pattern. We describe our world in terms of statistical probability rather than direct causality. From childhood on we discover our fate lies some place on someone’s bell-shaped curve. We can predict and analyze weather, football games, and the economy in terms of statistical odds. Through effort or knowledge we can enhance our position on the curve vis-a-vis others, but that is no guarantee for success or security. All we might do is improve our chances. But, as the bumper sticker reminds us, “Eat Right, Exercise Regularly, Die Anyway.”

Our ancestors had an inherent fear of chaos. The world came into being as the Divine Hero overthrew the powers of disorder and organized creation. Today, we have developed the mathematical tools to understand chaos. The creative act is not making order but learning how we can use randomness.

In the world of things happening, what can we do?

People Evaluate and Respond

In our disorderly world the judgments whether the events of our lives

are the products of *Zeman* “Blind Fate” or *Hesed* “God’s Grace” are our’s to make. In fact, the two terms, fate and grace, are surprisingly similar. They are the words we use to describe the happenings in our lives. But as such, they have no separate existence. They reflect our evaluation of the event and not the event itself. We have all seen people with the most devastating of circumstances enjoying life and praising life’s Divine Author and we have also seen those with apparently minor set backs cursing their fate.

“Grace” or “Fate,” the choice is ours. But how we make the choice and which choice we choose to make determine our evaluation of the event. It is in the act of choosing that our power as spiritual people is gauged.

We reveal or conceal the Divine in our responses. Classical Reconstructionist thought prefers to image God, the Divine One, as the power that makes for salvation—the ever evolving perception of what brings fulfillment, completion, wholeness and *shalom* into our lives. The Divine is manifest in the energy present throughout creation that awakens and sustains our drive toward salvation.

In our evaluation of the events of our lives, we discover that we can reveal or hide the power of the Divine. We have come to learn that it is our response to an event that enables us to perceive it as a blessing or a curse, as a sign of grace or blind fate. Our focus lies not on the happenstances of life, but on our evaluation of and response to them.

Choose Life

Here lies the inherent optimism of Reconstructionist thought. It is essentially future directed. It challenges us to consider what we are going to feel, think, say, and do about the occurrences in our life.

The Reconstructionist approach to Judaism does not infer that the world is good nor does it ignore the presence of evil. However, Reconstructionism claims that to every event in our lives there are responses that enhance life and responses that diminish life. As a movement within Judaism, Reconstructionism acknowledges the authority of the biblical injunction to "choose life."

"Choosing life" is an attitude toward living that requires an outward expression. "Choosing life" means acknowledging one's commitment to the life enhancing power of the Divine by saying the words and doing the deeds that bring beauty, joy, purpose, and meaning to life. "Choosing life" implies seeking out opportunities to enhance one's own life and the life of others. In the language of the *siddur*, it involves those activities to which no limit is set, the actions that enrich our lives and the lives of those we touch not only in this world but also in the world to come.

Pastoral Care As a Search for God

As a Reconstructionist Jew, that part of my rabbinic service that falls under the broad scope of "pastoral care" rests firmly in my commitment

to "choose life." As a chaplain, my fundamental goal is to make the "Divine power that leads to salvation" manifest in my life and in the lives of those I encounter in the course of my day.

Pastoral care is a search for the Divine in the circumstances of our lives. Its aim is for the patient/client to find meaning and purpose in his/her situation and for the care giver to find meaning and purpose in his/her profession. They are in fact the same objectives. What separates the client from the pastoral care giver is not the goal of their respective searches but their immediate circumstances.

The pastoral encounter, therefore, is a meeting between two people on the same search but with dissimilar viewpoints. Each possesses a different piece of the treasure map. The pastoral encounter is an opportunity for both to share experiences and gain wisdom.

Good pastoral care does nothing but can change everything. The care giver needs not and most likely cannot change the client's circumstances. In traditional language, a caring visit to one who is ill relieves only one sixtieth of disease, a trivial amount. One leaves the client with the same challenges, same diagnosis, same medications, and same treatment plan as he or she had when one entered.

But good pastoral care can help the client, his/her loved ones, and those involved with his/her clinical care reevaluate the circumstances of the client's life. Like any good science, pastoral care does not alter the circum-

stances of creation, but alters the way we see, understand, and use the happenings in our lives. Pastoral care's ultimate goal is to transform fate into grace by allowing the patient/client to discover meaning in his/her situation.

Finding God with the Afflicted

Although the potential for spiritual growth is great in a pastoral visit, the traditional guidelines for a caring visit to an ill person are disarmingly simple. One needs to be present with the patient, to be attentive to the patient's needs and to support his/her search.

A pastoral visit requires personal contact. A telephone call, a card, or a gift of flowers are often graciously welcomed, but a personal interaction between the care giver and the client is necessary to take advantage of this opportunity for intellectual and spiritual growth. As Moses turned away from his normal course of activities to encounter God within the burning bush, our tradition asks us to turn away from our usual activities to pursue our search for the Divine in our care of the ill.

The equality between the care giver and the client is underscored in the requirement that the visitor sit or stand on the patient's level and position him/herself level with the patient's head. Traditional sources underscore the opportunity to experience the life enhancing divine power during a sick call, by reminding us that the *Shekhinah*, the Divine Presence, rests upon the patient's head. In other words, we need to be circumspect in dealing with the ill because

the Divine One is in the room with them.

One needs to be attentive to the patient's needs. The root meaning of the Hebrew word for a visit, *bikur*, implies that in the course of the visit one must inquire as to what the patient needs.

The Role of the Care Giver

Here, too, the care giver needs to take the first step and turn toward the patient. Now the turning is not physical but spiritual. The care giver or visitor needs to put aside his/her concerns to listen to the concerns of the one being visited. He or she should not attempt to provide answers but to look for questions that will allow the patient to speak.

The care giver must not forget that he or she is on a search and that the patient can be a helpful guide along the way. Thus, one needs to respond to the patient with an attitude of gratefulness and a sense of understanding.

Finally, one needs to be supportive, in traditional language to "pray for the patient." The act of prayer at this point in the encounter sanctifies all that has gone before. It helps the patient and the care giver acknowledge the presence of the Divine in the room and give thanks for the opportunity to experience life even at a time when one is approaching the edges of life.

The prayer itself is open ended. It is helpful to use the words of the patient in the prayer, to express his/her concerns and to note his/her sources of strength and support. It is also

helpful to acknowledge the care giver as one who has come in response to the Jewish people's commitment to choose life.

There Are No Rules or Reasons Why

In a strange way Aher's words still ring true. But we hear them not as an outcry of grief and despair but as a declaration of opportunity and hope. We can now hear the expression "*Let din velet dayan*" as an invitation for us to be creative. It reminds us that in the face of tragedy or challenge "there are no rules or reasons why."

The low points of life, just as the high points of life, remind us of the uncertainty and frailty of our own situations. In a world in which things happen, our desire to direct our destiny is vanity. When confronted with events that change our lives or the lives of those around us, the first and best response is silence, not with Aher's silence of despair but with the silence of hope.

Let din velet dayan—In times of tragedy there are no preset judgments, there are no guiding rules. The force of the customs and practices that directed our lives fades the patient's companion. We are there with him/her. The patient begins to take interest in us, not as a way to avoid his/her life but as a means of bringing us into it. It is a time of sharing and mutual growth.

The Blessing of Pastoral Care

The opportunity to be with others in their times of struggle is a blessing. It is a difficult blessing but a blessing

nonetheless. It is the blessing of discovering ourselves and making way for the Divine to fill our lives and the lives of those we encounter. It is the blessing of learning about life and its potentials and about people and their depths.

In this search, we are blessed by the people we meet. Our patients, clients, congregants bless us by the trust they place in us and by the opportunities they give us. As we let ourselves meet them, our ability to care for them and others grows.

Four Levels of Relationship

Let us look at four levels of relationships we can have with those to whom we offer care. What is strange about these relationships is that in none do we, as care givers, take the lead, and in the first three, we are the junior partners. The four levels are:

- a. The patient as a guide and the visitor as a tourist.
- b. The patient as a teacher and visitor as a pupil.
- c. The patient as a friend and the visitor as a companion.
- d. The patient as a person and the visitor as a person.

As we move from level to level in the relationship, we strengthen each other and widen our search. As we learn from the patient, we honor the patient's humanity, and confirm the patient's self-worth. As the patient opens up and sees us as caring individuals rather than professional care givers, the patient can accept our true calling as teachers of the Jewish people and draw from our wisdom.

Expectations and Rewards

Each level has its own expectations and rewards. When we first meet the patient or encounter the person in need or pain, we are at a loss. We have been cast into another person's world and we need to be shown around. We need to know: (a) what is happening in that world; (b) who is living in there; (c) what is the geography; (d) what is its history. We are as tourists and the patient is our guide. We can ask good questions in our search for knowledge, but it is presumptuous for us to give advice and counsel.

As we learn more about the patient, our relationship changes. The patient begins to be our teacher and we, his/her pupil. The patient teaches us about his/her life and values, his/her successes and failures, dreams and disappointments. We have already learned about his/her world, we are now learning about his/her world view.

By the time we come to the third level, we have become friends. We are patient's companion. We are there with him/her. The patient begins to take interest in us, not as a way to avoid his/her life but as a means of bringing us into it. It is a time of sharing and mutual growth.

The fourth level is rarely reached. Often we do not have the time in our schedules to attain this level and often the course of the patient's illness makes it impossible for us to continue. It is at this level that we see each other as people. The patient's condition and our distance from that condition becomes secondary. We have grown out of our roles and meet each other as equals. We begin to share our common humanity and discover our portion of divinity.

Once again, we return to Aher's declaration, "*Let din velet dayan.*" We return to them not as words of despair but as words of praise. In our encounter, as tragic as the circumstances may have been, we have been able to experience a bit of life beyond the limits of our present world. We have caught a fleeting glimpse, perhaps, of the world to come, when the judgments and judges of this world will have passed away and we have been blessed.

Coda

The unending ages belong to God, but we control the moments. And in each moment when we draw on the Divine Power that fills and transcends all creation to become fully human, we, miraculously, become fully divine.

Caring Communities in Times of Personal Crisis

BY NANCY FUCHS-KREIMER AND BETSY PLATKIN TEUTSCH

When our friend Rabbi Devora Bartnoff was diagnosed with breast cancer in the fall of 1994, she knew that she and her family, including her four children under age ten, would be needing a great deal of support. Like many Jews in the 1990s, Devora's own extended family lived in other cities, her network of friends and schools was geographically dispersed across a large metropolitan area, and many of her potential nurturers were in households in which all the adults worked outside the home. The natural, spontaneous response of a traditional caring community would need to be reconstructed so that the *mitzvah of gemilut hasadim* (acts of loving kindness) could continue to sustain

both the individuals in need and the community supporting them.

Devora and her husband, Rabbi Mordechai Liebling, asked if we would serve together—each as a “*mesaderet mitzvah*”—organizing a network to help sustain their family during the crisis. Over the next two and a half years, the needs varied from next to nothing, to dinner twice a week, to extensive intervention in the life of the family. By the time of Devora's death in the spring of 1997, over 100 individuals or households—some of whom barely knew the family personally—had participated in some way: researching medical options, giving blood, carpooling, shopping, preparing and/or delivering dinners, taking Devora to appointments, keeping her

Rabbi Nancy Fuchs-Kreimer is the Director of the Religious Studies Program at the Reconstructionist Rabbinical College. She is currently serving as the Rabbinic Director of the Jewish Identity Enhancement Program of the Jewish Family and Children's Service of Greater Philadelphia. She is the author of *Parenting As a Spiritual Journey* (Jewish Lights Publishing, 1998) and is a member of Reconstructionist congregation Mishkan Shalom.

Betsy Platkin Teutsch is a calligrapher and Judaica designer whose work appears in the *Kol Haneshamah* Prayerbook series. She is a member of a Reconstructionist *minyan*, Dorshei Derekh, at the Germantown Jewish Centre, and she co-chairs both the Care Network at Germantown Jewish Centre and the Hased Committee of the Perelman Jewish Day School in Melrose Park, PA.

company at appropriate times, babysitting, leaving jokes on Devora's answering machine, running errands of all kinds. The participants came from the family's synagogue, their children's schools, their workplaces, their neighborhood, and even neighboring synagogues and former workplaces.

We realized that we and the community had been receivers as well as givers in this process and that, in coming together to organize ourselves, we had been privileged to learn some important skills and deep lessons about community. Devora's spirit lives on as this work has been replicated in various communities for people experiencing a wide range of crises. In this article, we want to reflect upon what was gained from this experience on the individual and communal level and to share some of the practical lessons we learned.

Giving and Receiving

The most obvious benefit of this kind of effort is to the individual and family experiencing difficulties. On the most superficial level, they are the recipients of tangible, physical support that helps them get through the day and reduces their anxiety about these quotidian tasks at a time when they need to conserve their energy for the greater challenge of healing. There is also emotional benefit for the person being helped. While feeling overwhelmed and alone in a frightening situation, the support and concern of others can validate the person's self-worth.

On a spiritual level, the individual

is sustained by the love of the community. The universe may have dealt a bad blow, but a different, positive message about ultimate reality comes from the experience of being cared for by so many others. Devora often recalled her five p.m. experience of lying on her bed suffering the effects of chemotherapy and unable to imagine getting up, when she would hear the porch door slam as someone from the network dropped off dinner on their designated night. She would think to herself, "manna from heaven," and feel deep gratitude that God was providing for her family.

This is not really a case, however, of givers and receivers. What we experienced—and heard repeatedly from others—was that helping out made us feel useful and good about ourselves. First, we were empowered. When illness or catastrophe strikes, those around the family—even only slightly connected—also can feel shocked, upset, saddened, scared, and vulnerable. It raises existential questions for everyone. One cannot help but see it as, in part, a dress rehearsal for what may someday befall one's self or one's own family. One response that can be enormously cathartic is simply to be able to do something constructive. Meaningful work reduces anxiety. Knowing that you are part of a community that provides for its members is, by extension, reassuring. When one makes deposits in the community bank account, the motive is not to get back quid pro quo; however, it's nice to know it is there!

Similarly, although the motive here is to help, there are sometimes unex-

pected benefits for the individual, who may learn new things about themselves and their capabilities. For example, one of Devora's friends was chronically fearful of blood and highly squeamish. When she pushed herself to accompany Devora through a particularly graphic procedure, she discovered she was proud of her newfound strength.

Finally, there is immense spiritual benefit for the individual performing the mitzvah of *gemilut hasadim*. One ought not underestimate the power of being an agent of this kind of holy work. The people who prepared the "five o'clock manna" were not only a manifestation of the divine presence for Devora, but also got to be angels—at least temporarily.

Creating Connections

The community can also find itself transformed. Communities come together around crisis, and if that coming together can result in a positive, action-oriented, and effective response, it allows individuals in the community to feel more connected to one another. Indeed, in the case of Devora's illness, the boundaries between people were sometimes made more permeable. People found themselves more intimately connected to the family and to each other than they might have been, given the way we conduct our busy, modern lives, with little intimate connection between households.

The boundaries between communities were also "stretched" as people from different synagogues, schools, and groups with whom Devora, Mor-

dechai, or their children were affiliated found themselves working with one another, making new connections. The communities ended up feeling good about themselves and each was in a stronger position to attract potential members. A community that values taking care of its members, and is skilled in acting that out, has something valuable to offer those considering making a commitment to it.

Once communities have learned how effective an organized support network can be, they often find themselves responding spontaneously to new challenges, large and small, feeling like they know "just what to do." Community members, having met the expectations in one setting, often become the organizers in another situation—perhaps another community. While at odds with contemporary culture's individualism and self absorption, jumping in becomes the more natural way to respond. When a serious car accident involving a mother and son occurred in one of the Bartnoff-Lieblings' communities, all those gathered assumed that they would be involved in a response; it took just minutes for the friends to organize themselves into an effective support team.

The Practical Plans

Some of our organizing techniques were spontaneous, some learned by trial and error, and others were the result of networking with individuals who had been supported through great challenges or who had successfully helped others. Each case is

unique, of course, but we have found that in working within both synagogue and school communities, some basic principles have been very effective.

The first step is contacting the person or family in crisis. This can be the most difficult task of the whole project, because making that call can be intimidating. How can I talk to someone who is facing something so frightening? But nothing will substitute for direct contact. The person, socialized in our privatistic culture, may react by declining help, but when the offers turn from the vague to the specific it is often gratefully accepted. Suggestions of possible help might include: preparing weekday and/or Shabbat meals, running errands, food shopping, accompanying the ill person to doctor's appointments, helping children with homework, researching medical options, or just visiting (*bikur holim*). We found that one or two coordinators with specified areas to supervise are helpful in keeping everything straight. Even in a situation with relatively minimal demands, having two people work together is advisable. In this way, the support givers also support one another.

We also suggest that the family think of a close friend who can serve as the central information provider. That person probably should not be one of the individuals co-ordinating the care network. The "communicator" takes on the task of being the contact person for bulletins concerning the progress of the illness or crisis. That way the person and her family, and the coordinators of the care net-

work, are not burdened by well-intentioned but intrusive questions, and people wanting to check in do not have to worry about being a nuisance to the family. Sensitivity needs to be exercised in the communicator role. Not everyone is comfortable making their health situation public, and it is important to clarify what is private and what is for the community. In general, facts are helpful; vague information generates confusion and anxiety.

Once a decision has been reached about what type of help is desired, a call for volunteers—when it is very specific about what tasks people are being asked to provide—will be likely to yield many helpers. Even in our very busy world, people still like to come through for others in a crisis. We found people were very willing to fill out forms detailing when they were available and what tasks they felt able to perform. Thus, we developed a data bank (which, once we switched the operation to computers became a data base) with lists of people willing, in theory, to cook, shop, etc. and which days of the week they preferred to help out.

Some care networks are short and intensive, such as supporting people during post-surgical recoveries. Others might be longer-term but less intensive, such as a chemotherapy patient who has a particular protocol and will be weak at predictable moments in the cycle. In any event, the data base allows coordinators to call upon people, as needed, often with enough lead time to facilitate the task being scheduled in a convenient way.

Getting Specific

We found that the more specific the directions were, the more secure people felt in carrying out their assignments. "Make a dinner for Tuesday night consisting of tuna casserole, salad, green vegetable, and bread and deliver it in disposable or recyclable containers at 5:30 p.m." was much more effective than "make dinner sometime." This also avoids duplication. The Bartnoff-Lieblings often joked about the early days when, during one memorable week, lasagna arrived three nights in a row. Since not everyone has children, some well-intentioned cooks needed to be instructed in the art of kid-friendly cuisine. We also found that most people preferred as little social contact as possible, because they felt that it would be both intrusive and anxiety producing. The beauty of this kind of effort is that there are many helpful chores that do not involve direct contact and yet permit a kind of "spiritual connection" that is valued by both the helpers and the family being helped.

The coordinators need to gather specific information about the family's schedule and preferences and work out geographic challenges. People may be able to cook, but may be unable to deliver the food, so transporting food where it needs to go may involve additional people. E-mail is well suited for this type of problem solving. The key is to generate a variety of discrete tasks for people that are appropriate to their desired level of involvement. It was always amazing to see people request and then execute

very small jobs, only to return asking for more ambitious assignments. Not infrequently, people complained when they had not been called upon in awhile.

Children

There are numerous benefits for children in the community as they watch or even participate in these mitzvot for other families. On an emotional level, they are being reassured of their own well being in time of crisis. They are also learning important lessons about communal caring, responsibility, and organizing. Sometimes, they can be included in the tasks, such as bringing lunches to school, and this can give them the same satisfactions that adults experience in this kind of work.

At the same time, the needs of the children of community members must also be considered. While undoubtedly deriving many positive lessons from watching their parents participate in mitzvot of support and caring, children are sometimes exposed more than they want to be to a scary reality that awakens their own vulnerability. Besides, children are usually more interested in the satisfaction of their immediate needs than in long-term educative experiences. When mom is too busy preparing meals for someone else to make dinner for her family, then you know things have gotten out of balance.

For the children of the family being supported, being the recipient of communal attention can be challenging. Children usually want to be like their peers; becoming the focus of a com-

munity effort puts them in the spotlight. Arrangements involving children are always sensitive. For example, most children do not want to be hauled around to lessons or activities by people they barely know. These jobs are best picked up by the parents of the child's friends rather than the friends of the child's parents.

Further, children often value their privacy and resent having to deal with large numbers of people knowing about their family's problems and dropping by their homes. Young people particularly may need to maintain some level of denial during a crisis, and outsiders performing intimate tasks highlights the difficult realities. We have found that kids like attention from older children; sometimes nurturing from an older peer is the kind of help most readily accepted by a child.

Caveats

We are aware that this kind of community effort is not as effective in some cases as in others. For example, in our own experience, mental illness has been an especially challenging difficulty to support. Often, the kind of help that can be useful is less clear and more difficult to solicit. In this kind of situation, as well as in certain others, there are often issues of the public dissemination of information. Whenever a crisis persists over a long period

of time, it also becomes increasingly difficult to maintain levels of involvement.

Another hazard of this type of network is the potential for judgmentalism. We found some people to be extraordinarily forthcoming, more than would be expected based on their connection with the family. Conversely, some were less helpful. There are people who are sufficiently uncomfortable with serious illness that it is nearly impossible for them to come forward in such situations. It is important to consider individual capacities and abilities. In addition, with so many people vested in the care of a person, some may find themselves questioning the behavior of the family being helped, not liking their treatment decisions, or generally thinking that they know a better way to handle this crisis. We learned over and over that a care network exists to provide support, not to judge.

Finally, the key to the success of this entire venture is having an individual or family with a willingness to accept help. And so we end this article as we began, with recognizing our debt of gratitude to Rabbi Devora Bartnoff, who, in her own self-confidence and wisdom, allowed herself to be vulnerable, openhearted, and clear about her needs. In graciously accepting support, she taught us and empowered us. Her memory is a blessing.

Living Beyond Cancer: A Personal Journey Towards Healing

BY ELLEN KENEMORE

I was lying on the hard table in the GI Lab at the hospital when my doctor's words shot through me, disturbing the twilight drugged state I was in: "I don't like the way this looks, Ellen; I think it's cancer." The tears immediately burned in my eyes and I tried to blink them away; I had to remain as calm as possible and get through the rest of the colonoscopy before I could allow myself to let go. There must be some mistake; I was too young to get colon cancer, I thought. Even then, I could observe the irony of my associations. In the weeks before the test, on the eve of my 48th birthday, I had been acutely aware of my age and had been feeling older—not sick exactly, but older, for sure. In the space of seconds, my life was changing, and I was catapulted into an uncharted realm.

As I lay there, my doctor rushed

the biopsy to the lab in order to ensure results by the next day. I had known him for almost 25 years and had never seen him so worried. He handed me photographs of the tumor along with copies of his written report and promised to call as soon as the results were in the following day.

I could not believe what was happening to me. I was in shock; no, I was in some state that I had never been in before and knew I wanted out. It seemed like a nightmare, but I knew better; it was real life. Somehow my husband, Tom, got me home and we managed to go through some semblance of a normal evening. Our 18-year-old son, Daniel, had just gone off to college a few weeks earlier, and our 11-year-old daughter, Rachel, was home with us. We just had to sit tight until the results of the biopsy came in. We made the decision not to say any-

Ellen Kenemore lives in Wilmette, Illinois with her husband and children and is a member of the Jewish Reconstructionist Congregation in Evanston. She has a private practice in clinical social work in Evanston and is on the faculty of the Institute for Clinical Social Work in Chicago. She currently serves as the Reconstructionist representative on the board of the Community Foundation for Jewish Education in Chicago.

thing to Rachel until we knew something more definitive.

The Diagnosis Confirmed

The next day was gorgeous, cool, and brisk, with a brilliant blue autumnal sky. I was on my way downtown via Lake Shore Drive, humming to the oldies, feeling good. And then the experience of the day before rushed into my consciousness. I felt too good to have cancer. It was too beautiful a day to get a cancer diagnosis. I knew my doctor was one of the most respected gastroenterologists in the area, but sometimes even brilliant people make mistakes. Please, dear God, let him be wrong.

Several hours later, the diagnosis was confirmed and the roller coaster ride began. The juxtaposition of having to deal with this life-threatening diagnosis and continue the work of the day was quite disconcerting. As a clinical social worker, I found myself with an hour-and-a-half break from patients, during which I talked with my doctors, arranged a consult with an unknown surgeon, talked to Tom, my parents, my two sisters, and to my rabbi, only to resume my role as therapist with minutes to spare.

I have never considered myself a particularly religious person and was surprised by my desire to speak to my rabbi. I felt an intense urgency that was related to the fact that *Kol Nidrey* was to begin in just over 24 hours. I wanted him to include me silently in the *Mi Sheberakh*, the prayer for healing. It was too early for my comfort, both personally and professionally, to go public, but I desperately wanted to

be in his prayers. I will never forget the comfort that his wisdom gave me that afternoon. The most important thing he said was that I was struggling with the quintessential High Holiday experience as I faced the uncertainty and ambiguity of the days to come. The rabbi's framing of my very personal crisis in the context of the High Holiday experience was immediately helpful and calming. I know it helped me make it through the rest of my workday with some degree of professionalism. It also made it possible for me to seek the kind of focus and soul searching necessary for the work of Yom Kippur and the decisions that lay ahead for me and my family in terms of dealing with all the complexities of this cancer diagnosis.

I was diagnosed with colon cancer in October of 1997. It is now February 1999 and I have started the secular new year in excellent health and with a sense of wholeness. I am not exactly the same person I was before that day in October. I have certainly experienced a profound sense of loss, but I have also gained a perspective, a new sense of self, and appreciation for the richness and vitality of the world around me that I did not have before. For that I am grateful. Thankfully, I have recovered from the cancer episode, and I am in remission. I continue the healing process—emotionally, spiritually, and physically. I am not sure anyone is ever healed.

Healing Begins with Diagnosis

In retrospect, I think the healing process begins as soon as the diagnosis

is confirmed, as one has to rally one's resources and strength for the decisions and battles that lie ahead. For me, I had to mobilize and make a few decisions very quickly and then I had the luxury of Yom Kippur to think and reflect and feel. There was an incredible comfort in the familiarity of the holiday rituals—*Kol Nidrey*, fasting, being in *shul* most of the day and even hosting the break-fast as we had for years. Each time during the service when Tom put his arm around me with his tallit I felt a sense of being embraced by my community and all those who came before me. The rabbi made sure to make eye contact with me so I knew I was included in the *Mi Sheberakh*. During *Yizkor*, I realized as I listened to the poems and prayers that I wasn't so afraid of dying. Rather, it was that I had too much living left to do, and most importantly I did not want my children to grow up without a mother. I was easily moved to tears and really hoped it was not to be my last Yom Kippur. I prayed that I would be all right, and that I would be able to handle whatever happened with some amount of courage and grace and dignity. In spite of myself, it was difficult not to imagine that my fate was being determined during those 25 hours.

Preparing for Surgery

As soon as the holiday was over I moved into high gear. I began by making a list of questions for the surgeon, emboldened by a little reading and conversations with family and a few close friends, some of whom who were physicians. We knew surgery was

the mandatory first step; there was no controversy about that. The surgeon that had been recommended had impeccable references. When Tom and I met with him, I had my long list of questions and grilled him thoroughly. At one point, after patiently answering and anticipating many of my questions he reached over to me, touched my hand, and said, "I want to help you get better; I'm not really your enemy." We scheduled the surgery for the following week.

There was so much to do. Preparing my family—especially making sure we could have a semblance of routine and predictability for Rachel—was my first priority. I would likely be in the hospital for a week and home another two weeks recuperating. I had tests to undergo at the hospital and a complete pre-op physical to arrange. It was a whirlwind of activity and intense feelings.

My patients had to be told and arrangements made for those who might need someone to speak with in my absence. I had made the decision to tell my patients that I had to have major surgery which would keep me out of the office for three weeks. I did not want to burden people with more information than they needed, but I did not want to withhold information that would be helpful to them either. Therefore, I took the position of answering whatever questions they posed as factually and straightforwardly as possible. I was most touched by one of my patients, who wanted to know my mother's and my Hebrew names so she could say a *Mi Sheberakh* for me.

My extended family was as helpful and available as anyone could hope for. My sisters arranged to come into town during the week I was in the hospital to take care of us all. My parents, who live locally, were completely at our beck and call. Tom's brother came in for the surgery, and my physician brother-in-law came, as well, to be the family medical expert. Friends and colleagues were generous in their concern, support, and offers to help. My children were able to be both attentive and stay involved in their own worlds. Tom was there for me throughout the process with his love, support, and absolutely solid presence, despite his fears and worries.

As the manager of our family life, I had numerous details to get in order, just in case the worst happened. My biggest fear was that I would die in surgery. My second biggest fear was that they'd open me up and find the cancer to be inoperable. My way of dealing with the possibility of such awful outcomes was to do all I could beforehand to have everything else in order. The most difficult thing I did was to write letters to Tom, Dan, and Rachel. I wanted them each to have something from me, just in caseThe one to Dan was the most difficult because he was away at school.

Successful Surgery: Unclear Prognosis

The day before the surgery had a bizarre sort of festive atmosphere about it as people called and came

into town. The pre-op preparation consumed most of the day and kept me homebound. I was rather hyper and joked about the "out of body" experience I was having. When those closest to me wondered if there was anything they could do for me, I wondered sweetly if they would mind going in my place. Alas, no one could do that for me. Here I was surrounded by the love of those most important to me, and yet I was excruciatingly aware of how alone I was. On the one hand, I was behaving like a competent, yet very worried grown woman. On the other hand, I felt as scared as a little girl who had lost sight of her mom at the store and couldn't find her. I was wired and exhausted. Amazingly I was able to sleep.

The next day is both distinct and a blur . . . getting ready to go to the hospital, even putting on a little makeup . . . anything I could do to feel in charge of what was about to happen. What I couldn't explicitly allow myself to think about at the time was how I was about to literally put my life into a virtual stranger's hands and how I had to somehow trust that he and the others working with him were going to do their job right. In retrospect, it was a tremendous leap of faith that I took. Like a child, I took my transitional objects with me—music, books, a family picture taken at the Western Wall, and even a new teddy bear my sister-in-law had sent.

The surgery was a success, with no complications. The tumor was removed along with a significant amount of colon. The surgeon was optimistic; it looked like the tumor

was contained and we all were hopeful. I, of course, felt physically dreadful. I hurt like never before but found some comfort in the morphine drip. Sometimes even that wasn't enough. I had tubes coming in and out all over and I was a horrid sight. The flowers and notes, which were pouring in, buoyed my spirits. Visitors were kept to a minimum, and phone calls were limited. I was impatient for the pathology report. When it finally came, the news was disappointing; two out of sixty-one lymph nodes were positive. This significantly changed my prognosis and definitely put me in the category for needing a chemotherapy treatment regime. Nobody was very happy about this turn of events. Everyone but me seemed terribly surprised.

The oncologist came early that evening to introduce himself before he went off to *shul* for Simchat Torah. I asked for the prognosis. He wondered if I really wanted it. I did and he gave me the figures. To say they weren't great is an understatement. However, he helped me look ahead and offered me treatment options and names for a second opinion, if I so chose. The choices were really limited: chemotherapy or possible inclusion in a new clinical trial. The chemotherapy regime was described as something that I could probably work right through. Side effects were relatively limited and manageable.

The question that kept arising for me was "Why?" I was relatively young to get this cancer. The oncologist gave me a possible explanation. A new mutation had just been identified as be-

ing present in some Ashkenazi Jews who had colon cancer. He was looking to start a study in Chicago through the Jewish Federation to look for the presence of this mutation in Jews of Ashkenazi origin with a history of colon cancer. Perhaps this was the answer. While such an explanation would carry many complications, the possibility gave me some comfort as to why this had happened to me.

Recovery

The recovery from the surgery progressed smoothly and I was a "good" patient. I used the breathing device regularly and pushed myself to walk the halls. The tubes came out one by one, and I was finally allowed ice chips to suck on. Shabbat came, with the electric candles the hospital supplied and the challah and wine my family brought. Eventually, they let me have food, I had my first non-family visitors, and I was able to go home. Despite the discomfort and fatigue, it was great to be at home and to sleep in my own bed.

The next two weeks involved slowly regaining my physical strength and making decisions about treatment. I decided to participate in the new clinical trial and was assigned to the experimental group. I received five infusions of a monoclonal antibody along with six months of a chemotherapy regime of 5FU/Leucovorin. This meant spending three to four hours once per month at the hospital receiving the infusions, and spending one week per month for five mornings at the hospital for infusions lasting

literally five to ten minutes—the oncologist called it “drive through chemo.”

At the time, I just did it. I was very matter-of-fact and straightforward about the process. I was able to focus my energy and keep my priorities very clear: my health, my family, and my patients. At home, Tom filled in for me, taking over the little and not-so-little tasks I didn't always have the strength to do. I cut back on some of my activities, both professional and voluntary. I knew what I had to do and did it. I did have rough emotional times, but they were relatively short-lived and not particularly intense. I somehow knew that my energy needed to be directed towards healing.

Sometimes I wondered where this internal conviction came from. I had previously imagined that if cancer or some other major illness ever befell me, I would just fall apart. That is not what happened. I wondered why it didn't. Could this possibly have anything to do with that God idea, I mused. I almost embarrassed myself with the thought, but it made sense to me somehow. Maybe God did give me the strength. However, when people would admire the way I was coping, I'd minimize what I was going through. I would explain that it was a relatively benign form of chemotherapy, that the side effects were manageable, that my oncologist assured me that I would be able to work through it, probably needing to take it easy on the days following the infusions and maybe needing to miss a day or two of work once in a while.

Returning to Routines

The side effects were manageable but difficult. My mouth was incredibly sore for at least ten days a month, and eating much of anything was difficult for those days. The nausea was easily managed with medication the days I had chemotherapy. I was terribly concerned about getting enough nutrients and keeping up my strength. I became attached to canned nutrition drinks and yogurt-blended drinks. I spent a great deal of time caring for my mouth. My hair thinned dramatically and was a source of narcissistic preoccupation. I was fatigued more than I thought possible. However, I continued to lead my life, albeit with a great deal of help from Tom, family, and friends.

It was important for my emotional well being to do as much of the usual activities as possible. I still took Rachel ice skating three mornings a week before school and saw my patients as before. My evening work schedule was shorter, and most nights I was in bed before nine and asleep by news time. Meal preparation was almost nonexistent and we just threw things together. My exercise regime had to change dramatically after the second month of chemotherapy because I easily became short of breath. I began to feel like a wimp.

Treatment weeks were preceded by a check-up with the doctor and lab work. I was lucky that there were no major complications. My numbers were always good enough to continue the treatments. In general, my health throughout was also excellent. The

only significant complication was that a few months after surgery I developed a post surgical hernia that needed to be repaired. Both the surgeon and oncologist thought it could and should wait until a couple of months after finishing the chemotherapy. I wanted a real vacation over the summer and we agreed it could wait until September, a week before Rosh Hashanah. The timing was arranged so that I could have my follow-up colonoscopy prior to the surgery. My immune system, ironically, was amazingly intact, perhaps even bolstered by the monoclonal antibody, and I didn't even get the terrible flu Rachel brought home that knocked her out for four days. Each month, just as I was beginning to feel good and more like myself, the chemotherapy cycle would start again. By the end it was really wearying, and I couldn't wait to be finished. The worst cycle was the last, and I managed to get almost every possible side effect. It took about six weeks to feel like I wasn't dragging everywhere, and another couple of weeks to feel really hopeful.

Shabbat and Seder

Recovery was marked by the ebb and flow of the weeks, and Shabbat became an important part of the cycle. Shabbat dinners were increasingly common and ritualized in our home, and Rachel often had more than one friend for dinner. Shabbat was also marked by my attending our congregation's *minyan* service from time to time. I loved it. I felt comforted by the tradition and melodies and embraced by my community, both past and

present. At the same time, I also felt a certain solitude and calm. I was incredibly touched by these moments and felt that maybe I was in the presence of God, somehow.

I began to think differently about this God idea. While I had long accepted the notion that the miracle of life and the beauty of nature was a manifestation of God's presence, I had not been so sure about how this presence might affect each of us individually. If we were inspired to act in a way that encouraged us to behave in the most moral, ethical, and socially responsible way—was that really a reflection of God or was it because of values and beliefs that came from something else, such as family and community? But how exactly were such values inspired? Maybe they were a manifestation of that God idea. These thoughts and feelings seemed a little too simplistic to me for my own comfort. I wrestled with these notions, and sometimes I danced very comfortably with them.

This was the year we hosted the *Seder*. My last day of the fourth cycle of chemotherapy was the evening of the first *Seder*. I'm not quite sure how I did it, but it was very important to me—as a confirmation of life and the future. Of course I had a lot of help, but I also did much of the preparation myself. I was grateful to be able to do it and it meant a great deal to everyone in the family. I even ran the *Seder*—a first with my extended family. I loved having the house full of the people I love most in this world and the aromas of brisket, chicken soup, and matzah *kugel*. The little nuisances

of putting together such a production just didn't really bother me. I was thrilled to be alive, and hopeful that I would be all right, that my chances of a complete recovery were high, and that I would be cancer-free in five years and cured!

And then the sadness would hit out of nowhere. At a friend's daughter's Bat Mitzvah, when she went up on *bimah* (raised platform), I began to cry. Rachel's Bat Mitzvah was to be eight months later. What if I wasn't alive? What if I wasn't feeling okay? What if I couldn't be there? What if I was, but was terribly ill? What if I couldn't be there for my children's graduations, weddings, children's births? The potential grief was overwhelming. I realized how, before cancer, I lived with the illusion that I was somehow invulnerable, even though I "knew better." The illusion had protected me but was no longer there. The truth is that no one can ever know when they will be struck down by disease or illness, and if we constantly worried about the possibility we would be immobilized by fear. Somehow I had to make peace with this new-found awareness and integrate it into my sense of self.

I also had my comforts. My cousins had brought Rachel, my mother, and me "*hamsas*," hand emblems symbolizing God's protection, from Jerusalem. I put mine on last December and have hardly had it off since then. My mother has also worn hers constantly. I can't help but imagine that it has kept the evil eye away from me. I thought I'd wear it until my chemotherapy was over, but now I think I'll

keep wearing it. I also listened to tapes of Debbie Friedman singing. Her "Me Sheberach" has always moved me. And there were prayers, not just from my fellow Jews, but from others. A colleague was in church and someone unknown to her mentioned my name. I can't help but think that those prayers helped, and the notes stuck in the Western Wall with prayers for my recovery must have helped as well.

Loss and Vulnerability

Emotionally the most difficult time of the recovery process was in the first few months after chemotherapy. I had moved from a very active treatment phase to a rather quietly active internal-emotional recovery phase. Yes, I could get back into shape physically and build up my stamina. I could begin to eat more normally, concentrating on low-fat, high-fiber foods. I could do relaxation/meditation exercises and any other alternative remedies that the doctor okayed. But that was about it. I was truly confronted by the aftermath of the cancer experience and the subsequent shock waves.

This process was colored by my anticipation of hernia repair surgery. Its timing, almost a year after the initial diagnosis, made me very anxious. This was further intensified when I suffered a small bowel obstruction that landed me in the hospital three weeks prior to the scheduled surgery. It was unclear what caused the obstruction until several weeks later. It turned out to be adhesions caused by the first surgery and was corrected during the hernia surgery. I was extremely lucky and

passed my first-year anniversary free of cancer.

I was incredibly relieved and felt that I could begin the new Jewish year with a hopefulness and energy that I hadn't had the year before. I could hardly wait to go up on *bimah* during High Holiday services to have an *aliyah* as one who had been healed in the last year. I had been anticipating that moment since I had been diagnosed. The tradition of this *aliyah* at our congregation had always touched me, and I felt thrilled to be able to participate in it.

In spite of the fact that I felt so good, I found myself easily brought to tears. I wasn't exactly depressed, but I was sad. I had experienced a profound and complex loss. I had certainly lost a certain sense of invulnerability. My body had betrayed me, and I would never quite be the same again. It was paradoxical in that I was both acutely aware of all I had lost while at the same time appreciative of the gains that could only have happened as a result of the cancer and recovery process.

The better I became the more intensely I experienced feeling. Not just the unhappy/unpleasant things but the wondrous feelings as well. All my senses have been heightened and I love the way that feels. Colors are more vibrant, sounds clearer, and life tingles with possibilities and excitement. What a gift it has been to be able to breathe in the arctic air of winter while shoveling the wet, heavy snow in the lavender light of a late afternoon sunset. I hope I never stop appreciating these things no matter

how dreary or tedious the task may become. However, I think I will always know what a privilege it is to be able to do such ordinary tasks.

It's ironic; chronologically I am older, but internally I feel younger. I adore that feeling. There is so much to explore and so much more living to do. There is much to share with those people who are important in my life. Sometimes I am overcome by it all, and by my good fortune. This feeling of wonder, of awe, of love, of appreciation, of peace must be divinely inspired.

Leap of Faith

At some point in the recovery process, I think I took a leap of faith. I had to give up the illusion of control that I once believed I had. No matter how much we know, how much can be scientifically explained, we can never know everything. It doesn't mean that we stop trying to explain, to understand, or to learn. But at some point, with some things, we have to say, "I just don't know and am not in charge of those things." However, it is possible to choose how we respond to that phenomenon. For me, surrendering that illusion of control and dealing with the unknown is very possibly related to God. Perhaps God is that space, that which is currently unknowable. If that is the case, then maybe I do believe in God. This God idea is very different than the all-knowing, omniscient being/presence I once imagined to be God and dismissed with such certainty in adolescence.

This struggle continues despite how wonderfully I feel now. As I explore the option of pursuing genetic testing, I am confronted with decisions about how much I want/need to know and what the risks and benefits of that knowledge may be for me, my children, and other family members. How far do we pursue our thirst for knowledge and explanations? When do we say, "Enough"? I am too immersed in these questions to have answers right now. But this cancer experience has allowed me to become more patient; I will figure it out, and gather the information I need to make an informed decision. In the meantime, I know I can tolerate the ambiguity of not knowing and put it aside for now.

Rachel's Bat Mitzvah is in two weeks. I am so excited to celebrate

this life-cycle event with her and our loved ones. I am committed to living life to the fullest, to pursuing my ambitions as well as taking time to be still and breathe deeply. I am grateful for the time I have with my husband, children, other family members, and friends; it is such a marvelous gift! I am blessed to feel so whole, so complete. I do not know whether this cancer will get me in the end; something surely will. In the meantime, I think I have the strength to face what lies ahead and to make the most out of what is to come. Some moments are still fraught with anxiety and sadness. Luckily, most days I feel confident and hopeful. I think that this must be a reflection of the complex biological, psychological, and spiritual healing process that continues to unfold for me.

Rabbi Sexual Misconduct: Crying Out for a Communal Response

BY ARTHUR GROSS SCHAEFER

Rabbinic Sexual Abuse: The exercise by rabbis of their trusted position to exploit others by means of sexual activity or suggestion. That these unwelcomed sexual behaviors are used to degrade, humiliate, control, hurt, and otherwise misuse another. And, that coercion, secrecy, and betrayal often play into this abuse.

Few of us would have predicated the continuing interest and publicity surrounding clergy sexual boundary violations in general and rabbinic sexual misconduct in particular. While many of us read *The Scarlet Letter* in high school, there were virtually no serious studies or discussions focused on clergy sexual misconduct until just a few years ago. Usually, this topic has been greeted with silence and denial. With the exception of a few recent

articles, there has been little written about rabbinic sexual abuse. And yet, an unpublished survey of ministers undertaken in 1984 suggests that over 38.6% of those surveyed admitted having sexual contact with church members and 12.7% had intercourse. Moreover, the survey revealed that 76.5% of the ministers acknowledged knowing other ministers who had intercourse with a congregant.

While we have no surveys targeting the rabbinic community, most people working in this area believe that an examination of rabbis would reveal similar numbers to those ministers. This belief that the research found in the non-Jewish community appropriately approximates the rabbinic community is bolstered by the results in a recent survey involving women rabbis. This study found that 73% of the women rabbis who responded had experienced sexual harassment. In a similar survey conducted by the United

Rabbi Arthur Gross Schaefer is an attorney, C.P.A., and a professor of law and ethics at Loyola Marymount University.

Methodist Church in 1990, 77% of the clergywomen indicated encounters of sexual harassment in the church. If these limited statistics are to be believed, clergy and rabbi sexual abuse are certainly not a recent phenomenon. Why then are these surveys, books, articles, and the public's attention only now starting to be directed to this area?

An Emerging Discussion

Certainly some credit for the attention is due, in part, to the national publicity regarding sexual harassment from Anita Hill's allegations, the Tailhook scandal, hearings involving Senator Packwood, and the recent scandals involving the president of the United States. Moreover, the tabloid coverage involving television evangelists and the many reports of respected clergy having extra-marital affairs has certainly spotlighted clergy sexual misconduct. Beyond this publicity and the newspapers' willingness to highlight allegations involving rabbis, the increasing litigious nature of our society encourages plaintiffs to seek large awards (federal law provides up to \$300,000 in damages plus punitive damages in cases of sexual harassment). Laity and insurance companies are beginning to demand that clergy begin discussing this subject and the need to take preventive actions.

In addition to the increasing publicity and attempts to reduce legal exposure, discussions of sexual abuse have been heightened by three other trends in our society. First, the increasing role of women as leaders and opinion makers allows for the reflec-

tion of how the dominant male society kept its power. In that perception, sexual abuse is viewed as a tool of domination and an exercise of power. Accordingly, heightened sensitivity to sexual abuse is part of the broader openness of our society to understanding the expanding role of women.

Secondly, our society has few heroes and seems almost obsessed with tearing down those in leadership roles. While some congregants place rabbis on a pedestal, there seems to be a growing number who are eager to knock rabbis down by pointing to this type of abuse.

Finally, rabbis themselves are beginning to articulate the unending pressures, conflicting expectations, and loneliness that they face. In these discussions, sexual abuse is brought up as a symptom of the malaise facing our spiritual leaders. These factors, as well as others, are all combining to raise the topic of rabbinic sexual misconduct on the agenda of the Jewish community.

Silence Has Not Served Us Well

Sadly, our community's reactions up to this point have been often based on keeping things quiet in an attempt to do "damage control." Fear of lawsuits and bad publicity have dictated an atmosphere of hushed voices and outrage against those who dare to break ranks by speaking out. However, this conspiracy of silence does not serve our community well.

Silence allows the victim to become further victimized by the Jewish community. Victims tell me that no one

really wants to listen to their story—not the board of directors, nor rabbinic colleagues, nor the Jewish community. No one wants to hear that a beloved clergy person has acted inappropriately. Other rabbis, either within the institution or outside, keep their distance and their mouths closed. And other institutional members usually shun, and begin blaming, the victim. As in many rape cases, it is the victim's character that is quickly put on trial—to both undermine the credibility of the allegations and divert attention from the acts of the offender. The victim becomes victimized again and again as his/her reality is denied. This sense of isolation and denial can lead to some of the injured blaming themselves. Through the powerful tool of silence, we continue the pain and abuse of the victims.

Silence may also encourage legal action against rabbis and our institutions. Unlike the heroine in *The Scarlet Letter*, who buried the memory of her affair deep within her soul, today's victims are demanding that their stories be heard. Many survivors of clergy abuse have said that they began legal action only as a last resort when the religious institutions refused to seriously investigate their allegations.

Moreover, as rabbinic colleagues and lay leaders keep the "secret," the abusing rabbi can continue the violation either in the existing congregation or at the next with the belief that his actions will be kept a "family secret." In this way, colleagues, lay leadership, and religious institutions become part of the conspiracy which allows the abusive activity to con-

tinue. As Reverend Marie Fortune of the Center for the Prevention of Sexual and Domestic Violence teaches, when one remains a bystander in the area of clergy sexual misconduct, one stands with the perpetrator and allows the abuse to continue. Our religious and lay leaders can no longer be bystanders to victimization within our community.

Silence has allowed us to breach our communal obligation to insure that our institutions are safe environments and that our religious leaders adhere to high standards of moral conduct. Rabbis do represent our community and our Jewish tradition. Their actions, in the face of our silence, reflect on all of us.

Needed: A Comprehensive Response

It is time that we have more consistency and integrity by dealing with these unpleasant issues in an open and honest manner. We are compelled to place the topic of rabbinic sexual misconduct on the Jewish community agenda. While we trust our rabbinic organizations and seminaries to train and supervise our rabbis, we must also make them accountable to the general community. We expect rabbis to adopt an ethical duty to disclose information of abuse perpetrated by colleagues and that allegations and rehabilitation procedures become increasingly public. Rabbinic organizations should draft guidelines that clearly spell out how complaints are filed, investigated, and adjudicated. There should be rabbis specially trained to investigate and adjudicate allegations.

We need to learn from our sources and develop a process for rehabilitation that incorporates concepts of *teshuvah* (repentance) such as reaching out to those who were harmed. In conversations with survivors of clergy sexual abuse, I would always ask them what they require to help facilitate their healing. Usually, they would talk about the continuing pain from the silence of the offending clergy. They want to know that the offending clergy acknowledged and “named” the abuse and truly felt remorse. While I recognize the inherent legal and emotional problems involved, our tradition of *teshuvah* does inform us of the need to face those (in person or in writing) that we have wronged, as they deem appropriate, to help in their healing process.

And even then, we need to acknowledge that the position of rabbi is not a right but an honor which we bestow. Reverend Fortune asserts that while confession and/or acknowledgment of responsibility is an important first step, it should not be assumed that full restoration to pastoral ministry is guaranteed. Rabbi Patricia Karlin-Neumann argues that a *bet din*, a rabbinical court, must be convened to determine whether an offending rabbi who has gone through *teshuvah* can return to perform pastoral duties, and if so, in what contexts.

The Role of a Caring Community

As a caring community, we are challenged to reach out to the victims of abuse. We should appreciate that

survivors of rabbi sexual boundary violations have experienced significant and long lasting trauma. Similar to victims of sexual abuse by a therapist, victims of clergy sexual misconduct experience a deception of a trusted relationship.

Moreover, when sexual exploitation is perpetrated by God’s emissary, one also suffers spiritual abuse, which leaves one feeling totally alone and forsaken. As Rabbi Karen Fox, who is also a family counselor, noted, “shame permeates their feelings about the temple, the rabbi, things Jewish.” The synagogue becomes a dangerous place and rabbis becomes untrustworthy. Quite often, victims feel that they must leave their religious community. For them, going to a synagogue or talking to a rabbi may forever be tainted by their experience. The Jewish community can reach out through seminars and programs designed for healing.

The Jewish community can also help do preventive work by insisting on continual education programs in our seminaries and for our rabbis. Like therapists, who are often required to distribute to clients pamphlets regarding sexual misconduct in the therapeutic relationship, we also can create and disseminate similar materials that provide warning signs, options for help and reporting such abuse.

We must make it clear that professional rabbinic conduct never includes sex. We must not be afraid to articulate that it is wrong for a rabbi to have sexual relations with a congregant. The rabbi is the professional who is

expected to maintain the boundary between appropriate and inappropriate conduct. The rabbi must recognize and take responsibility for being in the dominant power position and act responsibly. There is no such thing as a freely “consenting adult” in this type of a situation; it is always the clergy person’s responsibility to set and keep boundaries. We should clearly state that it is the duty of the rabbi to stop all sexual behavior with congregants whether it is wanted or not.

Institutional and Communal Responses

Finally, the Jewish community should more fully understand that abuse in a congregation or any other Jewish institution must be dealt with as a significant disturbance to that institution. Institutions are like families, and they, too, require assistance in recovering from a severe shock to their

system. Special training needs to be developed for interim rabbis and rabbis taking over a pulpit or community position that has been vacated by a rabbi accused of sexual abuse. Public and private meetings with trained facilitators should be held to allow members of the community to explore their feelings of confusion in a safe and nourishing environment.

Unless the Jewish community chooses to break the silence, sexual misconduct by our rabbis will effectively be condoned by our inaction. The goal of responding to rabbi sexual misconduct is not to punish or to brand, but rather to protect and help insure healthy relationships with our spiritual leaders. We must recognize that when a rabbi violates a boundary, we are all diminished. When we help to create safe and nourishing leaders and environments, we are all enriched.

Sustain Us to Reach This Season: The Jewish Holidays and Healing

BY NANCY FLAM, AMY EILBERG, AND SIMKHA WEINTRAUB

The Jewish holidays have healing potential for those whose lives are touched by illness. Holidays and their observances can lift people out of their suffering for a time and into the celebratory flow of the community. Entering the community can pull a person out of his or her own personal story and into the larger, collective story of the Jewish people. Such moments can provide relief, connection, and meaning. Just as mental distraction can provide relief from physical pain, being drawn into the collective story of our people can draw one's attention to a dimension of life that is larger than one's own suffering and stronger than one's own pain.

In placing oneself in the midst of this story, even if only for moments at a time, one can enter the powerful, eternal stream of Jewish history. Feeling oneself to be a small part of something ancient, enduring, and grand can sometimes lift one out of that moment's suffering. It can be comforting to stand in the midst of nature: to hear and see the waves crashing at the beach, or to sit or walk in the midst of an ancient redwood forest. In the same way, participation in Jewish ritual can help one experience oneself as a part of something large, meaningful, and enduring, such that the personal pain of the moment is lessened. One remembers on a visceral level that one is part of a larger "body" of

Rabbi Nancy Flam is co-founder of the Jewish Healing Center. She currently directs The Spirituality Institute at Metivta, a retreat-based learning program for Jewish leaders. Rabbi Amy Eilberg is a pastoral counselor in private practice in Palo Alto, CA. She writes, teaches, and consults on issues of Jewish spirituality and healing.

Rabbi Simkha Weintraub serves as Rabbinic Director of the New York Jewish Healing Center and the National Center for Jewish Healing, both divisions of the Jewish Board of Family and Children's Services. He edited the Jewish Healing Center's first book, *Healing of Soul, Healing of Body*.

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people, with its own struggles and celebrations.

Holidays each have their own historic meanings, observances, and tones. They are times of great communal gathering, where each person hopes to enter the spirit of the holiday. But it is for precisely this reason that holidays can be particularly difficult for anyone who feels out of synch with the larger community. It can be hard to step into the flow of Jewish celebration and communal life when one is struggling with illness and loss. Services may be scheduled too late in the night or too early in the morning for physical comfort. The holiday's tone may be one of great joyousness while the predominant feeling in one's heart may be one of intense grief, fear, or loneliness. One's sense of isolation may paradoxically be exacerbated when surrounded by people who seem to enter the flow of Jewish time and its feeling tones with ease.

We offer these reflections on the potential healing power of holiday observance, aware of the difficulties that the holidays may at times present to those living with illness, yet believing that they can offer great comfort and nourishment as well.

Shabbat

During the week, we transform and manipulate the world in myriad ways: building, planning, trading, advising. On Shabbat, we cease our efforts to change the world. Instead, we take a step back and embrace the world as a perfect creation, just as it is. Even though the world certainly still has all the same problems on Shabbat as it

did the day before, we see the world with different eyes.

For one who is living with illness, this perspective presents a challenge and an opportunity. Shabbat might be a day to notice what is working on a physical and spiritual level, to count one's blessings, to imagine that even amidst the tremendous challenges of living with serious illness, it is sometimes possible to savor the beauty of one's life.

On this day, we refrain from doing; instead, we focus on being. As Sylvia Boorstein wrote in her book on meditation, our central command on this day might be reframed as, "Don't just do something, sit there!"¹ It is a day to breathe in the fullness of creation, and to celebrate our being.

Nancy remembers one woman who spoke about her new life as a cancer patient. Although she had begun to go on disability, she felt like she was working harder than ever. She enrolled in a meditation-based stress-reduction program, began to work with a therapist on imagery, was in a cancer support group and a Jewish spiritual support group, overhauled her diet, and was trying to learn what Judaism might offer her to strengthen her spirit! For this woman, Shabbat became the day when she did no meditation, breathing exercises, guided visualizations, or support groups. She took a break from her daily "work." Surely, each of us needs to figure out in our own way how to enter the Shabbat as a sanctuary in time.

Many people who are seriously ill have had to relinquish their jobs and other regular responsibilities. As the

day is no longer punctuated by car-pool drop-offs and pick-ups, business meetings, scheduled lunch hours, etc., the hours can roll into one another without clear structure. Each day can begin to look exactly like the one that came before. In contradistinction, Shabbat can introduce meaningful structure and form to the week. It can provide orientation to the week, in relation to which all other days find their meaning. As the day of deeper connection with family or community, the day of studying Torah, or the day of refraining from activities that feel like work, Shabbat can soothe and nourish the soul.

For those who have stopped working at paid jobs, reduced parenting responsibilities, or given up regular social commitments or other activities, Shabbat is the one day of the week when they will be in tune with the rest of the Jewish world. On Shabbat, it is a mitzvah to switch out of high gear. Whereas much of the world tells us that we are worthless if we are not producing, making money, making a "contribution," the Jewish world tells us that we need to be doing exactly the opposite on Shabbat. Those who live with illness and who have learned how to slow down, savor small blessings, and live in the moment may have much to teach others about the art of Shabbat observance.

High Holidays

The High Holiday season is described in Jewish tradition as the *Yamim Nora'im*, the Days of Awe. These days are filled with awe, as we reflect on both our triumphs and our

failings in the year gone by. We consider how our lives have gone off track, and contemplate how we might begin again in the new year. During these days, we reflect on our small place in the universe, and on God's power in our lives. We contemplate life and death, our ability to affect the course of our lives, and our powerlessness at the hands of God or fate. These themes inspire awe; Jews gathered in community reach for strength in exploring these themes together.

For those living with illness and loss, these awesome themes are present every day. Perhaps those who are ill do not need a prayer book to tell them about the mysteries of life and death when they are occupied with doctor visits and treatment decisions, struggles with pain, medication, and loneliness. Yet there may be comfort in recognizing how deeply the themes of the Days of Awe resonate with the those whose lives are marked by illness and loss. At this season in the Jewish year, the Jewish community is reflecting on the same truths that underlie the days and nights of those who are ill. At this season, the whole Jewish community listens to the Jewish tradition's most beautiful reflections on human vulnerability and possibilities for holy living. At this time, Jewish ritual and liturgy may speak directly to the reality of people whose lives are affected by illness and loss.

During the *Yamim Nora'im*, each of us is confronted with our own mortality. Each of us must acknowledge the truth that our lives are limited. In the words of the liturgy, "We are like

a flower that fades, grass that withers, a cloud that passes by.” This confrontation with mortality can lead to a sense of dread, despair, and overwhelming grief. At the same time, this recognition can motivate us to embrace the beauty of our lives, and to make changes so that we live truly, righteously, and generously with the time that remains to us. Many people who live daily in the face of mortality find themselves doing the work of the High Holidays throughout the year: examining their lives, making amends, rearranging priorities, and living with the awareness of the preciousness of each moment.

Sometimes, such self-scrutiny can lead to harsh judgments about oneself as one grows in awareness of one’s imperfections. It is important for ill and grieving people to make sure that this process of introspection does not lead to self-blame or excessive guilt. The goal of the High Holidays, perhaps like the journey of life itself, is to emerge on the other end as a more righteous and godly person, more conscious of life’s fragility and beauty, and more grateful for the blessings of one’s life.

Sukkot

Sukkot is the joyous week-long fall holiday of ingathering, the time of harvest. We build temporary dwellings, called *sukkot*, in which we eat, study, celebrate and even sleep. The *sukkah* is built in such a way not only to help us remember the historical experience of our early ancestors, but also to help us cultivate certain religious perceptions and attitudes. The

sukkah is built in a way that makes it permeable to the elements. At least three of its walls cannot be “real” walls that belong to any ordinary, free-standing building. Its roof can only be lightly covered, such that one must be able to see the stars through it. Dwelling in the *sukkah* in mid-autumn, one feels closer to nature and more aware of the elements; this awareness surely leads to a keener appreciation of the earth’s harvest.

At the same moment that the *sukkah* heightens our sense of gratitude, it also heightens our sense of vulnerability. We are exposed to the elements, and more aware of the physical forces of nature, forces which are out of our control. Interestingly, the *sukkah* is meant to be a sign of God’s protection, yet the physical structure itself hardly offers protection. Instead, it offers a reminder of our essential vulnerability. Somehow, that reminder of vulnerability lies at the heart of the spiritual meaning of Sukkot. When we deeply know our vulnerability to physical suffering, we are often more deeply grateful for the blessings that come our way. Some of us are made aware of that vulnerability with an unkind force, with the shock of a new diagnosis, or accident, or violence. Others of us need to cultivate a sense of this vulnerability so that we see the truth of our lives more fully and clearly.

For those whose lives are touched by serious illness, what gratitude is there to express, what sense of abundance to affirm? Many people, because of serious illness, do suddenly wake up to the blessings in their lives.

Nancy remembers one woman in a Jewish spiritual support group who was diagnosed with advanced ovarian cancer and who constantly talked about how “lucky” she was. Because of her illness, she felt a tremendous outpouring of love and an almost tangible net of support among family and friends that she never knew was there. She was deeply grateful for this love. Another man who had been diagnosed with cancer began to renew a long atrophied relationship with God. His life opened up in ways that provided meaning and beauty. He said that if he had had the choice, he would not choose to have lived without the experience of cancer, for it had given him tremendous blessings.

Evaluating the Impact of Illness

Not everyone feels this way. Nancy remembers one woman who recognized that she had “grown” and become a more deep and wise human being due to her thirty-year battle with lupus. She was very clear in saying that she would rather be disease-free and have remained spiritually shallow. She speaks for many, many people whose lives are changed irrevocably and painfully by serious illness.

No matter what one’s position in life, Sukkot is the time in the Jewish calendar when one is bidden to rejoice. This command to rejoice may be painful for those who simply feel unable to rejoice amidst the overwhelming suffering that life has brought. The sense of being different

or an outsider to community may be exacerbated when the whole community is rejoicing while one is unable to join in the celebration. On the other hand, it sometimes happens that these communal cycles and celebrations have the force and effect of pulling us out of our particular suffering and helping us to join in the celebration of the community. When this happens, we may feel gratitude for the holiday itself, which opens a door to joy that would otherwise have been shut to us.

In *Pirkey Avot* (Ethics of the Fathers) 4:1, our rabbis teach: “Who is wealthy? One who is happy with his/her lot.” We simultaneously rejoice in our humble, flimsy huts, and in the vast, eternal home of the universe. Sukkot helps us put our lot in context, to appreciate our portion of eternity, to savor our piece in the whole, our link in the chain. Our *sukkah*, the place of shared vulnerability, is where we accept, explore, and even celebrate both our earthly existence and our aspirations of holiness, our mortality, and our infinite worth.

Simchat Torah

According to a traditional calendar, Sukkot lasts for seven days. The eighth day is called Shemini Atzeret. On the ninth day, as it were, there occurs a final autumn holiday: Simchat Torah. This ninth day was originally added as a second day of Shemini Atzeret for the Diaspora. (In Israel and according to Reform Judaism and most Reconstructionist communities, Simchat Torah falls on the eighth day, together with Shemini Atzeret.) It is the day designated for

rejoicing over the gift of Torah, its wisdom, and its guidance. The predominant feeling of Simchat Torah is that of joy. Both in the evening and the morning, the community makes elaborate processions with the Torah around the sanctuary, and sometimes out into the street. People dance with the Torah as one might dance with a beloved. There is often a special *aliyah* for the children, including them in the joyousness of the day.

In talmudic times, the second day of Shemini Atzeret was celebrated much like the first, except that the Torah reading was designated to be the last two chapters of the book of Deuteronomy, which deal with the death of Moses. On this last day of Shemini Atzeret, the Jewish community recognized that the joy must end, that the dark, cold, unyielding months of winter were about to begin. The choice of the Torah reading, with its focus on Moses' death, intensifies these seasonal themes of loss.

By geonic times, the second day of Shemini Atzeret had become its own holiday, linked to the newly ordained annual cycle of reading the Torah. It became the day on which most Jewish communities would finish reading the Torah, with the death of Moses, and begin a new cycle of reading the Torah, starting with the Genesis account of the creation of the world. In this way, the new holiday of Simchat Torah emphasized not only the seasonal themes of loss, but also those of renewal. Death and fear are juxtaposed to hope and rebirth.

These are themes that may be especially resonant for those who live

their lives amidst serious illness. Nancy remembers one young woman who was diagnosed with advanced colon cancer. For the last year and a half of her life, Marilyn felt like she was living "in two worlds." On the one hand, she was actively preparing for her death. She bought her three-year-old son a tallit for his Bar Mitzvah, which she would have her life partner give to her son in the case that she would not be alive. She made videotapes for her family so that she could talk to them about what was most important to her. She wrote letters to her entire extended family to tell them what each one had meant to her. At the same time, she pursued both traditional Western medical treatment and complementary treatments. She joined a support group to help her live fully. She relished the time she had in her garden, and the time she had to be a full-time mom, after years of balancing a professional life and a home life. She made plans about what she would do next with her many talents. Marilyn lived in two worlds; she balanced the reality of each.

For many people living with illness that is debilitating but not life-threatening, the juxtaposition of death and creativity may be less stark. Instead, one lives with the constant smaller "deaths" embedded in a life of disability: the loss of predictability as to what each day will feel like, and the tasks of which one will be capable; the loss of independence; the loss of relationships; the loss of being understood by others; and so on. Juxtaposed to these losses are the opportunities for creativity, for joy, and for meaning

that each person must find to make life sacred. The death of Moses, the ineluctability of our mortality, the Israelites' fear to be without clear guidance, and the possibility of new life are given to us on Simchat Torah as themes for consideration. On this holiday, the entire community senses the awesome, sacred, terrifying, and real juxtaposition of death and rebirth, of loss and hope.

Passover

The historic element of Passover reminds us of our central story as a people: the journey from slavery to freedom. This Jewish sacred story is meant to reach us on many levels—literally, as an historical event; prophetically, as an indication of the world's redemption yet to come, and metaphorically, as the central journey of the spiritual life. In our exhaustive preparations and in the full week of the festival, we meditate on the meaning of liberation.

Karpas

The green vegetable on the *Seder* plate (in Hebrew, *karpas*) symbolizes the rebirth of spring, and the birth of the Jewish people. It is the symbol of hope and regeneration. How striking, then, that the way in which we eat the *karpas* is to dip it in salt water, a symbol of pain and tears. The salt water reminds us of the pain the Jewish people experienced in slavery, and in its journey to freedom and rebirth. As we dip the new greens into the salt water, we are reminded that new birth often entails pain.

David Spiegel writes that “beauty and tragedy are inextricably interwoven in people with serious illness.”² At the same time that life becomes more difficult, it often becomes more beautiful and sweet. People living with serious illness often experience this mixture of suffering and blessing. In the *Seder*, there are several places where we combine a sense of the pleasant and the difficult: here, with the *karpas* in the salt water; eating the bitter horseradish and the sweet *haroset* (apple, nuts, and wine mixture symbolizing the brick mortar the slaves made); eating the *matzah*, which is at once a very simple “poor person's bread” made out of only the basics of water and flour, yet which is our symbol of liberation; and even the four cups of wine, which are our symbol of happiness and joy but which can easily become a source of immoderation and addiction.

Many times we wrest blessings out of painful circumstances. As you dip the parsley into the salt water, you may want to ask those gathered around the *Seder* table to share aloud or to reflect silently on the awakenings and birthings they have experienced in the midst or the wake of difficulty.

This Is the Bread of Affliction

Matzah is called “the bread of affliction.” At the beginning of the *Seder* meal we raise it up and invite all who are hungry to join us in this meal whose centerpiece is the bread of affliction (such an invitation!). In so doing, we recall that our ancestors ate this bread because they were in “tight straits” (one way to play on the He-

brew word for Egypt, *Mitzrayim*; *metzar* is the word for a tight place). We consider that we ourselves were once enslaved, ate this very bread, and then knew liberation. "In every generation each person is obligated to see him- or herself as if he or she had actually come forth from Egypt." The essence of the *Seder* is that we feel, we taste, and we place ourselves in the souls of our ancestors, feeling their pain and their longing, experiencing their liberation in our bodies and our souls. We understand the universal yearning to come out of physical and spiritual bondage toward liberation.

The *Zohar* calls *matzah* not the bread of affliction, but rather, "*Lahma Ila'ah*," celestial bread. This most simple of breads, just plain flour and water, flat as a board, is the ultimate sustenance, heavenly. Perhaps this is because in eating it we are reminded that we do not need much in order to be sustained. "The fleshpots of Egypt" were attractive, but the Israelites' longing for them in the wilderness obscured the truth that they were, in fact, sustained quite ably in the wilderness. Extreme circumstances can sometimes teach us the true source of our nourishment.

It has often been pointed out that the three Hebrew letters comprising the words "*hametz*" and "*matzah*" are virtually identical; indeed, to make them exactly alike takes but a smudge of the pen. How close health and illness, well-being and suffering, can be. A tweak of fate can turn one reality into the other. Perhaps this ought also remind us of the shared vulnerability of those labeled "ill" and those

deemed "well," and help us reconstruct a world where unhelpful barriers break down and all people enable each other to bear the burdens of mortality with a deepened sense of community and relationship.

Dayenu

It is easy to dwell on what we don't have, on what we still need, on what God has not done for us. It is more difficult to look at all we do have, how we are provided for, in what ways God has blessed us. In the midst of great pain or loss, it is especially tempting to focus solely on the deprivation.

At the *Seder* table, as we have noted, we are somewhere in the middle of enslavement and liberation. "*Dayenu*" focuses us on the ways in which we were liberated, and expresses wonder and satisfaction at every point along the path from slavery to freedom. "*Dayenu*" is a meditation on gratitude and satiety. It serves to challenge our habitual assessment of our lives that we do not have enough (enough of whatever: money, notoriety, sex, power, friends, love, maybe even health); it begs us to re-vision our lives so that, at least for a time, we can say, "It is enough." "*Dayenu*" catalogues all the goodnesses that God wrought for the Jewish people in leaving Egypt, exclaiming at every step that each step would, in itself, have been enough.

At the same time, we might ask if, indeed, it really would have been enough had God, for instance, split the sea but not led us through on dry land? Or if God had permitted us to

cross through the sea but not sustained us for forty years? Is it possible really to thank God for each moment even when “the whole story” does not unfold as we would ideally like it to? Can we thank God for the love of friends and family even when we do not find the loving life-partner we had hoped to find? Can we thank God for fifty years of our loved one’s life even though we thought that he or she “should have been given” eighty? It is exceedingly difficult to magnify gratitude in the midst of disappointment. And yet, somehow, this part of the *Seder* challenges us to live in the moment of each blessing, without expectation of future blessing or greater fulfillment.

Nancy remembers one woman who described her life with her spouse as one of “endless conversation.” Her spouse, however, died of an aggressive cancer when their son was only three years old. They had dreamed of watching their son grow up, of other children, of improving aspects of their relationship through time. This woman was devastated at the death of her beloved. And yet, even within her first year of mourning, this woman was able to say, “We were especially blessed. Not only because we had something so special, but because we knew what we had. All through our life together, we were aware of the remarkable blessing of our love and communication. I am grateful for that.”

Shavuot

While Shavuot is an independent festival—one of the *shalosh regalim* (“three pilgrimage festivals”)—in an

other sense, Passover and Shavuot are integrally linked. Shavuot is referred to in some rabbinic literature as “*Atzeret*,” meaning closure; Shavuot closes the fifty-day period that began with Passover. The escape from slavery is completed only with the giving of the Torah, which gives the Israelites direction for how to live as free people, in relationship with God. Physical freedom is made significant only when coupled with spiritual freedom.

Those who are living with serious illness often find that their disease creates both a physical and a spiritual prison; constriction and lack of freedom apply in every realm. Sometimes, even when one is no longer physically ill, the residue of anger, disappointment, and lack of trust persists. Though the body heals, the spirit still suffers. Alternatively, it can happen that the body does not heal, but the spirit opens, grows, and finds meaning. In Judaism, both healing of the body and healing of the spirit are important, and together comprise what the tradition calls “a full healing.”

Nancy remembers one woman, Jane, who lived with chronic illness for twenty years. She had grown tough, embittered, and angry. At one point, she met a man with whom she fell deeply in love. The two created a beautiful relationship of joy and celebration. Some months later, when Jane went to her weekly appointment with her therapist, the therapist remarked how her spirit had undergone such a great healing. “Yes, but I’m still sick!” Jane quipped, acutely aware of her daily struggle to live with disease.

Her therapist remarked, "Yes, you are. But you know, the real healing is the healing of the spirit." Jane was livid. How dare this person tell her that "real" healing was not physical!

Jane instinctively knew that her Judaism told her something else, that both the body and the spirit are important. In subsequent conversation, Jane told Nancy that it seemed not only untrue, but unethical to dismiss the importance of physical healing. If she did that, she would turn inward and focus only on herself and the healing of her own spirit. She didn't want to become focused on her struggles alone. She might not be able to cure herself, but she surely wanted to keep giving *tzedakah* for research so that others might be spared the kind of suffering she knew.

The journey from Passover to Shavuot links physical freedom and spiritual freedom, and gives us a chance to think about the relationship between the two.

Purim

Purim falls in the early spring, at just the time when people who live with difficult winters have had enough of the cold. The confinement of winter bursts into an early springtime celebration of great energy and life. There is a Mardi Gras feel to Purim, as we celebrate the sheer surprise and exhilaration of our people's salvation. According to the book of Esther, the entire population of Jews in Persia was very nearly annihilated. The people fasted, pleaded, and were deeply unsure about their very survival. At the

last moment, the tables turned; the Jews were saved, and their enemy unquestionably defeated. The elation, hilarity, and giddiness of the holiday comes from having had a very near miss. It is the car accident that miraculously does not injure the passengers, the tumor that turns out to be benign, the mugger who does not shoot. Extreme anxiety turns into existential relief, and seeks expression. The noise making, excessive drinking, and rowdy behavior express the relief at the heart of the holiday.

For someone living with serious illness, these kinds of moments may occur. There are times when one knows sudden and tremendous relief, such as the conversation wherein one learns that the treatments have been effective, or that the dreaded screening test has come back negative. For others, relief comes less dramatically, but just as truly: when a friend or family member expresses love and comfort; when tears break through and provide catharsis; when one recognizes that one still has the capacity for joy and meaning. Given the accumulation of deep anxiety, stress, and worry, it is important to experience moments of relief when they are available. For many, even after moments of great release, the worry and anxiety will return, but it can be enormously helpful to let go of the stress whenever and however one can.

Nancy recalls one woman who was deeply grieved over the loss of her life partner. After a couple of months, everyone in Jeanne's world seemed to go back to their regular lives, impatient for their friend to "get on" with her

mourning. Jeanne was in great pain, not only over the loss of her lover, but also over the loss of attention and care that she needed from her friends. Nonetheless, she realized that what her friends could give her was a taste of “normal” life: going out to dinner, seeing shows, hearing wonderful music. So she told herself that she would go out with her friends, not expecting them to hear her story of pain and loss. Instead, she would use these times as an escape and relief from her feelings of loneliness and pain. She would go out and be entertained, deeply relieved for the chance to let go.

Personal Purims

Many people are unaware of the traditional custom of celebrating special Purims in thanksgiving for personal escape from serious danger. The Talmud says that we should visit the place where we experienced a miraculous rescue from danger in order to offer a blessing there (B. *Berakhot* 54a). Many families and Jewish communities have adopted this custom to remember a miraculous episode in their own history, much as the entire Jewish community gathers to remember the miraculous saving of the Jews as recorded in the book of Esther. These special Purims are marked by telling the story of the salvation, often from a rolled up scroll like a *megillah*, in addition to giving charity, feasting, and merry making. Imagine the power of gathering regularly to re-tell one’s own story of salvation amid friends

and family, in the context of deep gratitude.

A friend and colleague of ours, Rabbi Nancy Wechsler, was twenty-six years old when she was hit by a taxi cab in New York City. She experienced severe head trauma, losing the sight in one eye, her sense of smell, and undergoing significant disfigurement. It was many years before she felt she could integrate the experience of her accident into her life story. She writes of her experience in her diary:

I was born on January 9th, but I view May 1st as my rebirthday. It’s my personal Purim. On May 1st I was taken to the edge and given a script for a new experience. Subsequently, each time I visit Manhattan, I pay homage with a wink or a quiet thought to my sacred corner, my rebirthplace.

A few years later, she writes:

I visited my corner today, 23rd and Lex, as I left the CCAR meeting and walked toward the college. I feel so little on this day. I saw some bright green tights and realized how great it is to see. I stared out at the window, a vivid green growth. I was wearing a bright green vest on May 1st when I was hit by a cab. The other day at school I wore a bright green jacket and today I’m wearing a bright green T-shirt. I’m no longer afraid of green.

Hanukah

Those who live with illness or loss often feel that darkness has overwhelmed the light. There are times when one fears that one will never see light again, that one is on a long downward course into total darkness. At such times, the imagery of Hanukah may speak directly to the reality of life, and the ritual of bringing light into the darkness may be exactly what is needed.

Hanukah is a festival celebrating light, hope, and faith in the dark times, through a ritual designed to nurture our faith and renew our spirit, even when the world around and within lead us toward despair.

Miracles and Wonders

For many contemporary Jews, the notion of miracles is a difficult one. Many of us do not believe in an anthropomorphic God who intervenes, puppeteer-like, in human affairs, and then is curiously uninvolved at other times of need. We may associate “medical miracles” with the superstitious rhetoric of faith healers or unbelievable promises of some practitioners of New Age healing who seem to advocate a particular magical cure for what ails us.

Yet there are other ways to think about miracles. We have met many people who came to think about miracles in a much more immediate and real way precisely in the midst of their struggles with illness or grief. The key is to think small. Sometimes, in times of great pain, the small bless-

ings of life begin to reveal themselves as miracles. Amy remembers a woman struggling with a life-threatening chronic illness who began to experience the small miracles of life in a beautiful way. Sometimes the warmth of the sun shining through her window seemed to her a miracle; sometimes being able to finish her shower while still breathing comfortably was a miracle; often the touch of her grandson’s hand was a miracle. And while there were some days when life was more burden than blessing, there were days when waking up alive was a miracle. As this woman’s spiritual life transformed itself, another miracle unfolded: for the first time in her life, a circle of people surrounded her in love.

The story of the Hanukah miracle, then, is not just kid stuff. It is an invitation to all of us to open our eyes to the possibility that miracles really do happen. Occasionally, these are the miracles writ large on the screen of history. These are the near-undeniable miracles to which the siddur refers when it asks us, throughout the week of Hanukah, to thank God “*al hanisim ve'al hapurkan ve'al hagevurot ve'al hateshu'ot*,” “for the miracles and wonders, the triumphs and victories” experienced by our ancestors at this time. Once again, the prayer emphasizes that these miracles happened “*bayamim habem bazeman hazeh*,” in those ancient times, and also, just possibly, in our day as well.

The holiday cycle brings us a rich tapestry of reflections on core issues in the lives of those living with illness. In

the time-honored forms of Jewish ritual and prayer, we find reflections on themes that speak to the soul, often with particular poignancy when life has brought illness and suffering. In some cases, the holidays affirm in poetic form what those living with illness well know; in others, the holiday practices offer to those in pain a chance to integrate images of healing. In all, holiday observance can make available rich moments of celebration

and connection with the Eternal. May these practices bring comfort to those in need, and may we all be blessed by our people's timeless wisdom.

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1. Sylvia Boorstein, *Don't Just Do Something, Sit There: A Mindfulness Retreat* (San Francisco: HarperSanFrancisco, 1996).
 2. David Spiegel, M.D., *Living Beyond Limits: New Hope and Help for People Facing Life-Threatening Illness* (New York: Times Books, 1993), vii.

Reconciliation and Healing: A South African Jewish Perspective

BY DANA EVAN KAPLAN

South African politics has seen many unusual incidents over the years, but none could match the visit of President Nelson Mandela to Orania in August 1995. Orania, a small town in the midst of the vast upper Karoo, is the place to which the white *bittereinders* (“bitter enders”—those not willing to reconcile with the new order) of the apartheid era fled to avoid integration. The group included Betsie Verwoerd, the 94-year-old widow of Hendrik Verwoerd, former president of the National Party of South Africa and the principal architect of apartheid. The group hoisted the flag of the 19th-century Transvaal Boer Republic, erected a statue of Hendrik Verwoerd on a nearby hill, and placed a “strictly private” sign at the entrance to the settlement.

However, even Orania has now been brought into the new South Africa. The situation arose when President Nelson Mandela invited Mrs. Verwoerd to join a lunch with the spouses of other previous heads of state of South Africa. She declined because of her advanced age and the distance to Johannesburg. Then, as a newspaper account put it, “faithful to the Boer tradition of hospitality, she threw in a *pro forma* invitation of the ‘drop-in-for-tea-if-you’re-ever-in-the-area’ variety. She apparently failed to appreciate she was dealing with a man who engineered a people’s freedom from a cup of tea.”¹

President Mandela promptly accepted Mrs. Verwoerd’s invitation and came to Orania. Orania’s civil leaders gathered in their Sunday best as the new president of South Africa

Rabbi Dana Evan Kaplan is Associate Rabbi at Congregation Emanu-El B’ne Jeshurun in Milwaukee, Wisconsin. He also teaches in the Department of Hebrew Studies at the University of Wisconsin-Milwaukee and is a Research Fellow at the Center for Jewish Studies at UWM. From 1994 to 1997 he served as Rabbi at Temple Israel, Green Point, Cape Town, South Africa, and was a Research Associate at the Kaplan Centre for Jewish Studies and Research at the University of Cape Town.

arrived via a South African Airforce Puma helicopter. Mrs. Verwoerd greeted him on the steps of the nearby community center and, after a cup of tea and a number of speeches—Mrs. Verwoerd requested that Mandela consider the concept of an Afrikaner Volkstaat with sympathy—they took a tour of the town. When they reached the statue of Hendrik Verwoerd and Mandela saw the smallish stone features of the man who, during his life, had cast such a huge shadow over the lives of tens of millions of South Africans, he blurted out, “You’ve made him very small.”

Let the Reconciliation Begin

Whether intentional or not, the sentiment expressed in this light-hearted comment gives some indication as to what is needed before South Africa can move forward with confidence, tackle the sensitive issues of the past, and embark on the process of healing. Apart from the ability to be able to look back with forgiveness and compassion, healing takes many forms. In South Africa an entire nation is now trying to heal the wounds of more than 40 years of oppression and discrimination.

In a fervent appeal for a focus on healing, Mamphela Ramphele, Vice Chancellor of the University of Cape Town, spoke of the tremendous difficulty of managing the process of transition from authoritarian rule to democracy, saying, “South Africa needs healing as a matter of urgency.”² However, in order to heal, she said, one must learn about what has happened. This was what was learned in

the former East Germany—that one must open all the files and bring all the dirt out into the open before the nation can move on. “Only psychiatrically ill persons disassociate themselves from the past,” she said, and they “end up with severe mental problems. We cannot afford a national psychotic state as a basis for a future South Africa. We have to come to terms with our past, warts and all—and forgive but not forget.”³

The process of healing emotional wounds was recognized in the Torah. In *parashat Vayigash* (Gen. 44:18-47:27) Joseph orders that his goblet be placed in the knapsack of his youngest brother, Benjamin. After the brothers begin their trek back to their father in the land of Israel, Joseph sends Egyptian officials after them, searches them, and has them arrested. The brothers plead with Joseph to spare Benjamin, and Judah begs Joseph to enslave him rather than Benjamin. They stress to Joseph, whom they have not identified as their brother, that if they return without Benjamin, their father will die of grief. Joseph is touched by this outpouring of emotion, and he tells his attendants to leave him alone with his brothers. As soon as the attendants leave, he reveals his identity to them: “I am Joseph” (Gen. 45:3).

It is crucial to recall that these are the same brothers who had stripped Joseph of his “amazing technicolor dreamcoat” and had thrown him into a pit to be eaten by a wild animal or die of thirst. Then they sold him into slavery, fully cognizant of the fact that the fate of a slave in Egyptian society

was usually a tragic one (Gen. 37:1-40:23).

When Joseph reveals his identity to his brothers, the brothers are stunned and terror-stricken. This was the brother they had left to die and then sold into slavery. Surely he will want revenge. Joseph, however, is completely conciliatory. He tells them, "I am your brother Joseph, he whom you sold into Egypt. Now, do not be distressed or reproach yourselves because you sold me hither; it was to save life that God sent me ahead of you" (Gen. 45:5).

This amazingly reconciliatory attitude has puzzled readers over the centuries. How could Joseph behave so civilly—in fact, warmly—to the same brothers who had acted callously and cruelly toward him?

This is a remarkable parallel to the response of Nelson Mandela to Betsie Verwoerd. Mrs. Verwoerd, of course, did not play any active role in Mandela's imprisonment, but she certainly symbolizes the white opposition of blacks that was institutionalized for so long in South Africa. Just as their meeting was a gesture of understanding between these two individuals, many South Africans believe that everyone in the nation must make similar gestures.

Mandela has consistently provided a model for this; he stresses the need for healing and reconciliation throughout his written works and speeches. In a memorable passage in his autobiography, Mandela writes that he was not born with a hunger to be free. He was born free—free in every way that he could know. Free to

run in the fields near his mother's hut, free to swim in the clear stream that ran through his village, free to roast mealies under the stars and ride on the broad backs of slow-moving bulls.⁴

Mandela writes that it was only when he began to learn that his boyhood freedom was an illusion that he began to hunger for that freedom. At first he wanted freedom only for himself, and then for his family. But then he began to hunger for the freedom of his tribe, the Xhosa people. Then, in prison:

It was during those long and lonely years that my hunger for the freedom of my own people became a hunger for the freedom of all people, white and black. I knew as well as I knew anything that the oppressor must be liberated just as surely as the oppressed. A man who takes away another man's freedom is a prisoner of hatred, he is locked behind the bars of prejudice and narrow-mindedness. I am not truly free if I am taking away someone else's freedom. Just as surely as I am not free when my freedom is taken from me. The oppressed and the oppressor alike are robbed of their community.⁵

In a remarkable statement of acceptance and tolerance, Mandela writes that when he left prison, he wanted to free both the persecutor and the persecuted:

When I walked out of prison, that was my mission, to liber-

ate the oppressed and the oppressor both. Some say that has now been achieved. But I know that that is not the case. The truth is that we are not yet free; we have merely achieved the freedom to be free, the right not to be oppressed. We have not taken the final step of our journey, but the first step on a longer and even more difficult road. For to be free is not merely to cast off one's chains, but to live in a way that respects and enhances the freedom of others. The true test of our devotion to freedom is just beginning.⁶

The Truth and Reconciliation Commission

To initiate the formal healing and reconciliation process, President Mandela established the Truth and Reconciliation Commission (TRC), which was created in 1995 and is expected to continue its work through 1999. The goal of the TRC is to:

... provide for the investigation of the nature, causes and extent of gross violations of human rights which occurred during the conflicts of the past. It will also attempt to restore the civil and human dignity of victims and will grant amnesty to those who have committed certain political crimes. In this way the Commission will seek to promote national unity and reconciliation.⁷

Much of the South African public accepts the need for catharsis and trusts the leadership of the TRC's chairman, Anglican Archbishop Desmond Tutu. For many years, during and after apartheid, Tutu has been the focus of hope for racial justice in South Africa. Since his ordination in 1961, he has been a leading voice of reason, compassion, and faith during the dark years of apartheid oppression. As a president of All Africa Conference of Churches and in many other roles, Tutu has been a defender of human rights not only in South Africa but throughout the continent.

In 1995 the Archbishop addressed my congregation, Temple Israel in Green Point, Cape Town. Speaking eloquently and with great humor, it was clear that he had prepared his remarks specifically for a Jewish congregation. In particular, he quoted from the prophets, citing the obligation of all to seek out justice and fight against injustice. Tutu remarked that if he and his fellow Christians took this message seriously and applied it to the struggle against apartheid, then the real "fault" lies with Jews—for having given such morally inspiring sentiments to the world. The moral assault on the evils of apartheid had been fought and won. The almost miraculous transformation had been attempted and had been successful beyond anyone's greatest hopes.

In general the new South Africa is a country full of people of good will and with a sincere desire to achieve reconciliation. However, it is clear to most observers that the reconciliation process must be paired with an equally

important goal, the redistribution of resources to equalize the gross economic inequities that were created and/or reinforced under apartheid. Since the transition from apartheid to democracy has been made, a great deal has been accomplished, accomplishments that skeptics had said were impossible. Indeed, the very fact that forces that had been locked in apparent irreconcilable conflict had found a way to negotiate a path to a democratic constitution has been a tremendous success in itself.

Further, the specter of a potential civil war has disappeared from South Africa's vision of its future. For whites, none of the worst-case scenarios have come to pass. In particular, no large-scale nationalization of property has occurred. This in itself is a major accomplishment, because most South African blacks have absolutely nothing. Further, there were no mass attacks on whites. This fear of violent retribution underlay the tremendous sense of doom that many whites felt. There was not even a general increase in the rate of taxation.⁸ The Mandela government has been working to equalize the health care system for the vast majority of people in the country by getting running water into homes, introducing nutrition programs for some five million chronically malnourished children, using health care resources for primary care rather than expensive operations, and promoting affordable health care for the mass market.⁹

The Reconstruction and Development Programme, which the government states will create a better life for

all South Africans, is on track and shows signs of delivering—albeit slowly—on its many promises.¹⁰ As early as 1995, for example, just one year after the elections, more than 28,000 people had been employed through affirmative-action programs; four million residents had been given access to potable water; 614 municipal service upgrading projects were making life much more comfortable for more than three million people; children, pregnant women, and lactating mothers had received free health care; three-and-a-half million children were being fed daily; and housing projects and other infrastructure developments were being built.¹¹

These efforts are consistent with the underlying values of Judaism, as expressed by authors such as Michael Lerner. Lerner has written that Judaism presents the world with a challenge. According to Lerner, Judaism preaches that the world can and should be fundamentally changed. He believes that our central goal is *tikun olam*, the healing and transformation of the world.¹² Indeed, various Jewish communal organizations have become involved in the reshaping of South Africa. In his testimony before the TRC in November 1997, Chief Rabbi Cyril Harris cited a number of programs under the broad umbrella of *tikun*, a Hebrew word meaning “repairing” or “trying to put things right.” These include the Mitzvah Bin, where Jewish housewives buy extra food and deliver it to a synagogue distribution center, to be given to the hungry. Welfare projects include helping support a home for the mentally and physically handicapped in

Alexandra Township and a similar home in Johannesburg. An agricultural project at Rietfontein is based on the principle of empowerment.¹³

Other *tikun* projects include solar heating development, water preservation, and crop planting. There are educational programs in schools in black neighborhoods, pre-school enrichment programs, adult literacy programs, and teacher training programs. Jewish business people are also sharing their entrepreneurial and banking skills with young people. Harris concluded with, "It is our job as religious people to try to apply the antidotes . . . to display the best that human beings can do to fellow human beings If Apartheid was divisive, the antidote is building bridges, and coming together—a togetherness which will spell the great future of our country."¹⁴

The Induction of the TRC

It is my belief that the miracle that has occurred in South Africa over the past few years can give us all a renewed hope that we may yet live to see healing throughout the world. This belief was reinforced during my years in South Africa, where I served as rabbi at Temple Israel in Green Point, Cape Town, from 1994 to 1997. One of the greatest honors I received there was the invitation to be one of the religious leaders inducting the commissioners of the TRC in a service in St. George's Cathedral in Cape Town on 13 February 1996. The venue was especially appropriate, for St. George's Cathedral had be-

come the epicenter of protest against apartheid in the 1970s, and many of these protests had ended with beatings and, inevitably, arrests.

At this induction religious leaders from at least seven faiths—including African traditional clerics and Christian, Moslem, Hindu, Jewish, and Buddhist clergy—presided over the service and gave their blessings to the commissioners in a dedication and blessing ceremony. The service began with Minister of Justice Dullah Omar lighting a candle of peace while the congregation, composed of members of a great number of faiths and philosophical perspectives, sang the historic American civil rights movement protest song "We Shall Overcome." Included was the third verse, which is so relevant in the South African context: "The truth will set us free someday / Oh deep in my heart I do believe we shall overcome someday."

The seventeen commissioners of the TRC represented a wide cross-section of the South African population, with most of the country's racial groups represented. At the induction, each of the seventeen commissioners was called by name, came forward, and received a candle and an olive branch. Each candle was then lit from the peace candle, and the seventeen commissioners stood in a semi-circle facing the congregation. The religious leaders, accompanied by ten-year-old Carmen Esau of the Sea Point Primary School, then read the words of dedication:

We call upon you who have been appointed as commissioners of the Truth and Rec-

conciliation Commission to acknowledge and recognize as a sacred trust the awesome responsibility that has been given to you. We pledge you our support and give you our blessing in the task that lies before you. And we ask that, in your work for truth and reconciliation, you will be guided by a wisdom greater than your own, a wisdom that knows and encompasses all truth. Will you dedicate yourselves to carry out the task that has been entrusted to you with the highest integrity, with impartiality and compassion for all, for the purpose of healing our nation?

The commissioners responded with “I will,” and the congregation proclaimed, “Go forward in the light of truth, with our blessing.” The religious leaders then blessed the commissioners simultaneously in a stream of blessings.

The chairman of the TRC, Archbishop Desmond Tutu, then spoke of the tremendous task facing the TRC. He became so emotional that he added, “I don’t tend to be speechless, as you know, but I am tongue-tied because I think all of us have been quite overwhelmed by what has happened here.”

Then President Nelson Mandela addressed the gathering, stating that the whole of the South African nation had suffered and that the only way for all the people of the country to come together as a united nation of peace would be for everyone to come to

terms with the past. To do this, Mandela said, the task of the TRC would be to deal with cases of gross human-rights violations and to ensure that the truth was laid bare.

Mandela said he was confident that the commissioners, together with the entire nation, would succeed in building national unity and reconciliation through confronting rather than avoiding this sensitive but important history of apartheid repression:

We are building a nation of unity and reconciliation, and while some hold the view that the past is best forgotten, uncovering the truth is an essential step for us to move together into the future as a nation; we all suffered, so as a nation we want to redeem and reconstruct ourselves.

Reactions to the Establishment of the TRC

The establishment of the TRC was based on the final clause of South Africa’s interim constitution, thus providing a historic bridge between the past of a deeply divided society characterized by strife, injustice, terrible conflict, and untold suffering, and a future founded on democracy and the recognition of the human rights of all. The South African society of the future would promote the peaceful co-existence of all South Africans—black, white, colored, Indian, and all others. Further, in contrast to the policy pursued by the apartheid government of creating divisions among racial groups in order to control them, the new

South African society would pursue peaceful coexistence.

However, in order to have peaceful coexistence, the TRC has recognized that it is terribly important to achieve a reconciliation among the various groups that were deliberately played against the other during the apartheid years. This reconciliation must go hand in hand with the economic reconstruction of society, which resulted in the planning of the reconstruction and development program mentioned earlier. The establishment of the TRC has led to ongoing discussion and debate among South Africans about how exactly to achieve the reconciliation and healing that most South Africans hunger for.

The objectives of the TRC are to promote national unity and reconciliation in a spirit of understanding. The TRC has been mandated to try to establish as complete a picture as possible of the causes, nature, and extent of human rights violations committed since 1 March 1960, shortly before the Sharpeville Massacre. Its attempt was to include the antecedents, circumstances, factors, and contexts of all human rights violations. Further, the TRC has the power to grant amnesty to people who are willing to make full disclosure of any knowledge they may have had about acts associated with political objectives. Interestingly, this amnesty was not based on a prerequisite of expressing remorse.

Another task of the TRC is to establish and make known the fate or whereabouts of victims of the apartheid repression. The TRC would also provide a forum to give such victims

an opportunity to relate their own account of the human rights violations they suffered. Finally, at the conclusion of the process, the TRC compile a comprehensive report not only detailing the crimes and atrocities of the past but also recommending measures to prevent the violation of human rights in the future.

Many South Africans, white as well as black, understood the vital role that uncovering the crimes of the apartheid government could have in achieving national reconciliation. Others, however, feared that the investigation would only inflame hatred. A number of Orthodox rabbis held this latter view. Rabbi Ivan Lerner, Senior Minister of the Claremont (Orthodox) Hebrew Congregation in Cape Town, wrote to one of Cape Town's major newspapers, the *Cape Times*, that "the Truth Commission will only serve to divide and distract South Africans from the critical and vital business of securing a future for ourselves and our children."¹⁵

This letter initiated considerable controversy in the South African press, prompting Lerner to write several rejoinders.¹⁶ In another letter, he stated that if Archbishop Tutu could urge Jews to forgive Nazis for the murder of six million Jews—because the Bible advocates and encourages reconciliation and forgiveness—then Tutu should apply the same standards to those guilty of racial crimes in South Africa's past.¹⁷ However, it is my view that this ignores the crucial fact that the TRC is charged precisely with establishing the evidence in order to understand the past. The TRC has

the authority to grant amnesty to most types of political criminals. Thus, it is not a vehicle for persecution and revenge, but rather one for historical research and forgiveness.

Lerner further wrote that an amnesty needed to be granted for all events that occurred in the apartheid years and that investigation of such crimes would not make any contribution whatsoever toward reconciliation and unity. He feared that the TRC would stir up the anger and animosity of the many groups who are “still uncomfortable with ANC [African National Congress] majority rule.” Rabbi Lerner recommended that Archbishop Tutu and President Mandela jointly urge that the TRC be disbanded before any significant “damage” is done.

Lerner’s letters stirred up heated debate among both leaders in the broader community and ordinary citizens concerned for the future of the country. Three leading Jewish intellectuals, Professors Milton Shan and Sally Frankental of the University of Cape Town, and Professor Jeremy Sarkin of the University of the Western Cape responded immediately, saying that the proposition that the TRC will have harmful consequences demonstrates ignorance of the TRC’s objectives and capabilities. Such a view, they believe, is based on the notion that burying the past will have no negative consequence, as if distancing oneself from the past allows it to disappear harmlessly. “Without the processes envisioned in the workings of the Commission,” they wrote, “revenge, anger and resentment will be

the order of the day. Only by bringing to the fore the horrors of past human rights violations and abuses and coming to terms with them, will it be possible to establish the rule of law and culture of human rights.”¹⁸

Further responses to Lerner’s comments were quick in coming. The Reverend Peter Storey, bishop of the Central District of the Methodist Church in Johannesburg, wrote that Lerner’s criticism of the TRC “demonstrates how dangerously this enterprise is being misunderstood.”¹⁹ Storey wrote that Lerner’s thesis—that South Africa’s fragile, political miracle was in danger of being shattered by a political circus that would divide South Africans from each other—was exactly what propagandists from the apartheid regime wanted everyone to believe: that the TRC was an obstacle to reconciliation rather than a vehicle for it.

Storey admitted that the TRC was a risky venture, and it could go badly wrong, but for the very opposite reasons that Lerner gave. Storey argued, “it is an immensely courageous attempt to deal honestly, rather than expediently, with the process of cleansing and forgiveness.”²⁰ The Bible and later theological expositions agree that reconciliation with God as well as with other people can only happen when we have remembered our sin, and repented fully.

Storey also argued that Rabbi Lerner made the fundamental mistake of confusing forgiving with forgetting. Using Lerner’s own example of the Holocaust, Storey wrote that it is very important that the world not forget

the horror of the murder of millions of Jews, noting that it is frightening how numerous right-wing ideologues have attempted to deny that the Holocaust ever happened. Storey argued that if the greatest crime in human history can be denied, how much more the crimes of apartheid? I support Storey's argument. It seems to me that moving on without a full disclosure of the past will only leave the terrible anxiety of the past unresolved, and this can only produce dissonance and conflict in the future.

Finally, Storey argued that the TRC offers the possibility of a double healing for the past. Unlike the Nüremberg trials after World War II or the Eichman trial in Israel in the early 1960s, the TRC offers the offenders the opportunity to confess and be granted amnesty. This is why Storey titled his article "Truth Commission's Forgiveness is Amazing Grace."

Possibly the most controversial of Storey's comments was the following:

When many white South Africans speak enthusiastically about our "miracle," they refer not so much to the liberation of our land from bondage as to the fact that it happened with so little inconvenience to themselves.

They didn't feel the bondage. They lived comfortably with apartheid and feel little discomfort now. The degree to which any white South African can truly celebrate our liberation (and become part of our new nation) is in direct ratio to

our awareness of the suffering we caused in the past. Unless the whole, ghastly litany of past wrongs is brought to the surface in a way that cannot be denied, these wrongs will continue to seep out like buried toxic waste into our newspapers for decades to come.²¹

Among the other responses to Lerner's challenge was the *Cape Times* editorial:

Rabbi Lerner's letter reflects the concerns of a significant section of conservative white opinion, but a section which, regrettably, is almost wholly out of touch with feelings in the black community. The commission's main concern is to establish the historical truth and place it on record Acknowledgment of the truth is needed if reconciliation is to be genuine and lasting.²²

The *Cape Times* argued that one of the most crucial purposes of the TRC was to help the families of black victims, who may not know what happened to their loved ones, to learn the circumstances of their deaths. This may help to ease the pain of loss and restore the dignity of the memories of those who died. Further, the acknowledgment of the truth of what happened to these victims may help future generations of South Africans to be alert to such abuses and avoid them in time.

Another intellectual in the Jewish

community, Gerald Gordon, a legal scholar and writer of literary fiction, also responded to Lerner's article.²³ Gordon seconded Storey's view that Lerner's error was that he has confused forgiveness and forgetfulness. Gordon wrote that if Lerner had relied on what Archbishop Tutu told his Israeli hosts when he visited Jerusalem in 1989—that the time was well overdue for the Jews to forgive the Nazis and the same standard should be applied to those guilty of South Africa's racial crimes—then he had misunderstood Tutu's message. According to Gordon, Archbishop Tutu meant that Jews should not forget what the Nazis did in the Holocaust, but only that they should forgive.

Gordon also suggested that if Lerner's advice were to be followed, there might be very little documentary evidence of the apartheid crimes, and this might enable apartheid revisionists to present warped and distorted views of South African history. According to Gordon, the only real way of preventing the actual story of what happened from becoming a vague and imprecise memory very quickly was to commit it to a proper recording through the gathering of historical data. The two main methods to gather these data are either through prosecutions in a court of law or establishing a commission to hear evidence on the crimes of apartheid from both those who committed apartheid crimes as well as those who suffered from those atrocities. Clearly, he wrote, the best course of action was the establishment of the TRC.

Another response came from the

distinguished Professor Charles Villa-Vicencio, professor of religion and society at the University of Cape Town, who wrote that true reconciliation is a deeply spiritual exercise that cannot bypass the passion of the past. He wrote that in both Christianity and Judaism this process involves the acknowledgment or confession of guilt, genuine remorse, commitment to change, and restitution. This repentance is the formula for real forgiveness. Villa-Vicencio also wrote that while Lerner's eagerness to forget the haunting memories of the apartheid years will only offer temporary relief, such amnesia will, in the long term, bury the burden of the past, and this is likely to erupt each time the nation experiences a racial, social, or political crisis.²⁴

In his later letters, Lerner wrote that a small, nonpolitical commission made up of internationally respected jurists who have served on various human rights commissions would have been preferable to the TRC. He doubted whether anyone who had lived in South Africa in the apartheid era could be objective about the political events that had occurred. Therefore, a truth commission composed of South Africans—who would inevitably use the data gathered for political purposes—was inappropriate regardless of their particular positions on political issues during the apartheid era. Rather, he believed that a commission sponsored by the United Nations, with the specific task of only gathering information, would be far more effective than the TRC.

Certainly there were a number of

writers who supported Lerner's views. One such writer attacked the writer of the editorial in the *Cape Times* for his description of Lerner's position:

To dismiss his views as typifying "conservative white opinion" is impertinent. To state that he is out of touch with the feelings of the black community is presumptuous. To lecture a rabbi on the Holocaust is so arrogant it leaves one speechless.²⁵

The Process Begins

Despite this controversy, as the TRC became operational, most South Africans hoped that it would produce positive results. Almost immediately, the TRC began dealing with a number of sensitive issues. One was forgiveness. On Sunday, 31 March 1996, Archbishop Desmond Tutu stated on prime-time television that the victims of apartheid atrocities should use Good Friday to forgive those who had murdered their loved ones. At least that was how some of the victims interpreted his remarks—in particular, well-known Afrikaner anti-apartheid activist and victim Marius Schoon.²⁶

Schoon wrote that: (1) as a religious leader, Archbishop Tutu was entitled to make an appeal of this nature to those in his church; (2) as the chairperson of the TRC, however, he should not impose Christian ethical values as the law of the land; and (3) that Tutu's remarks moved toward the imposition of Christian views on all South Africans. Schoon also wrote

that he understood the political reasons that led to the establishment of the TRC, but that there was nothing in the constitution or in South African law that requires the victims to forgive the perpetrators of apartheid crimes. Schoon wrote, "I am a victim of heinous abuse. My wife and daughter were murdered by a self-confessed killer of the apartheid regime."²⁷

Schoon's comments highlighted the difficulty of attempting to achieve a quasi-religious function through a civil institution. In a country that had been torn by strife and conflict along racial lines and in which untold suffering occurred as a result of terrible injustices perpetuated by the government, the process of healing must, inevitably, transcend a strictly legal basis. Nevertheless, when Marius Schoon wrote, "There is no feeling of forgiveness in my heart,"²⁸ many sympathized with his feelings. His wife and daughter were murdered, and the person responsible had confessed to the crime. The natural inclination was to want to see such a person punished, and it was understandable that Schoon did not want to place forgiveness before justice.

A second area of some concern was the feeling, in certain quarters, that real reconciliation could only happen if it went hand in hand with the process of social and economic transformation. This meant that reconciliation between whites and "non-whites" must be linked to far greater job opportunities for those groups that had been discriminated against under the apartheid regime. Minister of Justice Dullah Omar warned at a "Report

from the Truth Commission” workshop in Johannesburg: “The danger that arises is that the values of the old order will continue to live on in the new democratic order and dominate this new order.”²⁹

Omar pointed out that whites still dominated all aspects of society and that true reconciliation would not be possible until there was substantial movement toward a more equitable economic order. This was a very serious point, because since the African National Congress (ANC) was voted into power, many whites have felt economically vulnerable, and an aggressive link between a moral reconciliation and a dramatic change in the economic order would certainly put a great strain on inter-race relations in the new South Africa.

Jews and the TRC

Jews, like most white South Africans, do not see the connection between media accounts of the TRC’s work and their own lives. They want to be left alone to live their quiet suburban lives, and they find jarring and upsetting the constant intrusion of debate and discussion about the legacy of apartheid. This is true not so much because of what it says about the suffering of blacks but because of what it threatens to do to their comfortable and complacent lifestyles.

During my recent visit to South Africa I frequently heard remarks like, “We’ve been through four years of this cathartic process of listening to how awful apartheid was, but how much more are we going to have to tolerate? It’s enough!” One person

said, “The blacks are intent on blaming everything on apartheid. Why can’t they start looking forward and accept that they are making a mess of the country. You can’t blame everything on something that happened so long ago.”

Officially, however, the South African Jewish community went on record as supporting the work of the TRC. In November 1997, Marlene Bethlehem, Chairperson of the South African Jewish Board of Deputies, and Chief Rabbi Cyril E. Harris addressed the TRC. Speaking about the attempt to pinpoint the failings of the various groups concerning their collective behavior during the apartheid years, Harris pointed out that the Jewish community did not initiate apartheid, that many Jews did not agree with apartheid, and that almost everyone in the Jewish community had a certain degree of awkward tension about apartheid. However, he added, most members of the Jewish community benefited from apartheid.³⁰

Harris also noted that many Jewish individuals were not silent; they fought hard against apartheid and were and are prominent in most of the anti-apartheid movements. He cited significant Jewish participation in various protest groups, such as the Five Freedoms Forum, the Jews for Justice (Cape Town), Jews for Social Justice (Johannesburg), and the Black Sash (national). However, Harris noted that the apartheid regime was an oppressive government, and the Jewish community saw itself as a very small community surrounded by much larger forces. Following the Ho-

locaust, if Jews felt afraid of governments, there was certainly justification for that fear. Because of the Holocaust, and other such persecutions, Jews all over the world have a hypersensitivity to survival.

Nonetheless, Harris continued, the silence of so many can connote acquiescence and accommodation. He argued that one of the most terrible things about apartheid was that it so desensitized generally decent people to the fact that millions of other people were suffering so much. Harris stated, "They were used to apartheid, they accommodated themselves to it, they acquiesced in it."³¹

Harris stressed that this did not mean that he was condoning the silence of the Jewish community during apartheid but that he was simply attempting to explain it in order to ask for others to understand the motivations and the background. He said:

The Jewish community in South Africa confesses a collective failure to protest against apartheid. The situation here was not one where the human rights of the minority were affected—that in itself would have been wrong. It was one in which the human rights of the vast majority were systematically and forcibly denied and was a monstrous aberration. The entire thrust of Jewish moral teachings, together with the essential lesson of Jewish historical experience, as the most consistent victim in the world, should have moved the

community to do everything possible to oppose apartheid. Distancing oneself from the anguished cry of the majority and myopically pursuing one's own interest can never be morally justified.³²

Harris concluded by explaining that for him the pivotal issue of the TRC is how to turn what they are taking testimony on, the inequities of the past, and turn it toward concrete advantage for the future. The reason that he believes that South African Jews and all people in South Africa must endeavor to understand the failings of past is so that people can become aware of their responsibilities in the present in order to help repair the damage and to build a better future. It is not *in spite of* the past that we must do better today, but rather *because of* the past that we must do better today."³³

Toward the Future

Despite the controversies about the work of the TRC, I believe that most South Africans are still hopeful about the process of reconciliation and healing. One of the key ingredients of this process is forgiveness. I believe most would agree with the sentiments of Archbishop Tutu on the topic of forgiveness, written in a foreword to a collection of articles called *Exploring Forgiveness*:

Forgiveness is one of the key ideas in this world. Forgiveness is not just some nebulous, vague idea that one can easily dismiss. It has to do with unit-

ing people through practical politics. Without forgiveness there is no future Forgiveness is taking seriously the awfulness of what has happened when you are treated unfairly. It is opening the door for the other person to have a chance to begin again. Without forgiveness, resentment builds in us, a resentment which turns into hostility and anger. Hatred eats away at our well-being. In Africa we have a word, *Ubuntu*, which is difficult to render in Western languages.³⁴

One thing is for certain however: despite the trepidation with which many South Africans approach the possibility of true reconciliation and healing, the need for forgiveness is a core element of any hope for the future. Forgiving is incredibly difficult in the best of circumstances, and the current South African situation is far from the best of circumstances. Nevertheless, it is remarkable to see the tenacity with which almost all of the parties in the South African ethnic, religious, and racial mix have persevered with the forgiveness process. The idea is that forgiveness, in politics as well as in interpersonal relationships, must be an ongoing process rather than something that is to be applied at one place and at one time. The notion of forgiveness as a process rather than an event appears to be a lesson that all of the groups instinctually sense and have worked on over the last four or five years.

For example, the TRC has tried to develop a process that involves remembering, recounting, and recording, but also that involves repenting, resolving, and reconciling. The idea that justice must be meted out has been relegated to the back row. In order to achieve the healing that is felt to be the highest priority for the society, the needs of the victims and their families for absolute justice have been given a lower priority. As Archbishop Tutu has repeatedly stressed, the Christian theme of forgiveness has been given prominence.

However, forgiveness is not just a Christian theme, it is a core concept in Judaism as well. As Jews remember every Yom Kippur, there is a process of absolution and atonement that leads to forgiveness and some degree of closure. Those who have done wrong are encouraged to recount the full details of their passive or active crimes to the TRC and are therefore involved implicitly, although not explicitly, in a process of *teshuvah*, repentance. Their names and their acts and their confessions are made public, and for many of the victims this public confession of crimes by the perpetrators may have to serve as a very partial form of justice. Because the need for forgiveness as a healing process leading to true reconciliation is felt to be the most important emotional need for South African society as a whole, many of these victims, as British journalist Brian Frost states, “. . . may have to live with their scars and their stains for the rest of their lives.”³⁵

It can be hoped, however, that the

emotional sacrifices that so many individual South Africans may have to make will be more than compensated for by the successful healing process that may bring about a unified effort toward *tikun olam*, the repairing of the world. In the South African case, the last four or five years have seen a very literal process of the repairing of South African society, such as bringing potable water to millions who never had it before. Such concrete steps to improve the quality of life for all are the direct result of putting forgiveness above justice.

The South African experience should fill every Jewish heart with the hope that people of all backgrounds can work together to overcome bigotry and political repression and to make a better tomorrow for all of the people of South Africa. If reconciliation and healing can be accomplished in one country, perhaps it can be accomplished all over the world.

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Vintage Perspectives

A retrospective from the pages of early volumes of our journal that addresses the theme of our current issue



The following excerpt is from an article entitled “The Problem of Evil and the Pastoral Situation” by Rabbi Harold M. Schulweis, published in the November 1, 1957 issue of *The Reconstructionist*. We have not adjusted the language for gender-neutrality, allowing it to speak in the idiom of its time.



... The testing ground of any theology is the arena of our prosaic lives. Our theology must be rooted in our daily existence and respond to the challenges posed by the problems of man. For the rabbi, this challenge takes place within the pastoral situation. Here, the rabbi functions as a pastoral theologian, not as a speculative metaphysician or clinical psychologist. The pastoral situation is his laboratory, in which he can test the value of his theological commitments. For, beside the hospital bed or seated close to a mourner on a low stool, one must counsel an individual whose crisis has called forth an urge to ask and listen with deadly earnestness . . .

“Why did it happen to me?” . . . The “why” question assumes the existence of a conscious power . . . who wills, punishes and rewards in a manner analogous to human will and purposive behavior . . .

[We] suggest an alternative response in the pastoral situation—a different approach to the plaintive “why?” The

“why?” which is so familiarly raised is a product of a certain type of theological conditioning. As long as in our liturgy, in our ritual and eulogy, we speak in the language of supernaturalism, we will inherit the questions which point to no answer . . .

Will a decision not to appeal to a personal agent of human grief comfort the bereaved person faced with a tragic calamity? . . . The appropriate response depends on the circumstances . . . God is crucially relevant . . . not as causal explanation . . . but as an incentive to life and consecration.

One theology is as good as another, we may sometimes think. But the theological response to human tragedy forces us to choose—either a God who acts upon us as a Person, or a Divinity we discover and acknowledge as salvational. The making of this choice requires a frank look at traditional supernaturalist theology and the possibilities of its reconstruction.