



HEBREW UNION COLLEGE - JEWISH INSTITUTE OF RELIGION

**KALSMAN INSTITUTE**  
*on Judaism & Health*

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A PROGRAM ASSESSMENT:  
EXPLORATION OF THE FIELD OF JUDAISM, HEALTH, AND HEALING  
THROUGH PROGRAM REVIEW AND KEY STAKEHOLDER INTERVIEWS

*A Report by the Kalsman Institute on Judaism and Health*



Madeleine Avirov  
*A Mind of Winter*, 2010  
Oil on canvas; 48 x 48 in.  
AVIROV 20

*A product of the Kalsman Roundtable on Judaism and Health Research,  
funded by the John Templeton Foundation*

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## Cover Art

Madeleine Avirov

*A Mind of Winter*, 2010

Oil on canvas; 48 x 48 in.

Madeleine Avirov is known to the Kalsman Institute through her work as part of the Jewish Artists Initiative of Southern California, which held an exhibition at HUC-JIR, "Memory and Transformation," September 30 - December 31, 2010. Madeleine exhibited "Old Jew with Bird," 2009, Oil on canvas, 48 x 24 in., which depicts her father in his weariness, with references to the author Bernard Malamud. The work is one of several exploring human relations and the end of life.

A short essay about the piece on the cover of this report is in the current issue of Poetry Magazine: <http://www.poetryfoundation.org/journal/article.html?id=240964>.

A podcast of an interview with the artist about the piece's relationship to poetry is at <http://www.poetryfoundation.org/journal/audio.html?show=The+Poetry+Magazine+Podcast>.

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## Executive Summary

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The Kalsman Institute on Judaism and Health is working to build a vibrant scholarly field around the connections between Judaism and health. The institute was awarded a two-year grant by the John Templeton Foundation to run the Kalsman Institute Roundtable on Judaism and Health Research. The Kalsman Roundtable has four primary goals:

1. To build a research foundation for the field of Judaism, health, and healing.
2. To promote research that will systematize and validate ancient and contemporary Jewish wisdom about illness, wellness, and healing through scholarship drawing on historical, liturgical, biblical, and rabbinic sources, and on current community programs, services, and influences.
3. To begin establishing formal standards for evaluative research on health-related services, resources, and care provided by Jewish congregations and organizations.
4. To strengthen an enduring professional community of North American scholars and practitioners for systematically researching topics related to Judaism and health.

This initiative aims to expand research in the field of Judaism and health and to ensure the application of scholarship to practice. One product of the Kalsman Roundtable is this Program Assessment, which is an exploration of the field of Judaism, health, and healing through a combination of program review and key stakeholder interviews.

Several confluent factors provided an opening for assessment and growth in Judaism and health. These included the proliferation of research studies on religion, spirituality, and health over the last 25 years and the emergence of the Jewish healing movement. These factors, alongside a growing sense of communal obligation to enhance Jewish spirituality and well-being presented an opportunity for synergy and for meeting the needs of the Jewish community.

Provided here is a review and general appraisal of programs offered to the Jewish community through congregations, social service agencies, centers for healthcare, educational centers, and other Jewish communal organizations. 155 programs were reviewed and 30 stakeholders were interviewed. The programmatic review and key stakeholder interviews unearthed the strengths, weaknesses, opportunities, and challenges of the field of Judaism, health and healing, and revealed how programmatic offerings have both deepened and broadened in the past 25 years.

The field provides responses, services, and resources to those experiencing loss and illness, and encourages health through the engagement of spirituality and the pursuit of wellness as a sacred journey. Programs are provided by an interdisciplinary and multi-denominational group of professionals and lay leadership. Both the individual and the community are served. The offerings encompass direct psychosocial and spiritual care provided to individuals, couples, and families; social, community, and concrete services; individual and communal prayer and expression; community engagement; education and training of volunteers, clergy, and healthcare clinicians; healthcare organizing and advocacy; and bioethical decision making and research.

Thematic factors revealed through the assessment include discussion of the collaborative and interdisciplinary nature of the work in the field of Judaism and health. Assessment also revealed that many current programs are aimed at concepts of wellness, versus earlier work focused on responding to illness and loss. Despite this updated direction and broadening of work in illness *and* wellness, it is important to note that key stakeholders want to be sure the critical psychosocial/spiritual needs of those experiencing illness and loss be met. Efforts continue to attempt to destigmatize programmatic work around taboo areas such as death, infertility, and mental illness.

A long list of recommendations are provided to continue building the field, including expanding and mentoring emerging leadership, focusing on a new generation of clergy, educators, and other nonprofit Jewish leaders. Stakeholders want to be brought together – many requests were made for interdisciplinary gatherings for education and exchange. Several topics for education are discussed, including research, development, and marketing. The Kalsman Institute will develop these opportunities for education and invite collaboration and attendance.

The field of Judaism and health has clearly moved beyond its first organizational stages and into a more mature and sustaining stage of organizational life development. Interdisciplinary members of the field must now understand a lay of the land of the field and affirm the value and need for services, responses, and resources for those struggling with illness and loss, and searching for growth, wholeness, and wellness. Programmatic offerings are more robust, diverse, and far-reaching than ever before. The potential exists to celebrate existing successes and achieve continued entrepreneurial and creative solutions to meet the needs of the Jewish community, grounded in history and scholarship.

## Introduction

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During the Kalsman Institute's 2007 Partner Gathering,<sup>1</sup> one of the authors prepared for a workshop on "Evolution and Integration of the Spirituality and Healing Movements" by watching a video of Rabbi Nancy Flam. Flam was filmed accepting an honor as one of the foremothers of the Jewish healing movement during a 2004 conference, "Models of Cooperation: Reflections on the Jewish Healing Movement," co-sponsored by the Kalsman Institute and the Bay Area Jewish Healing Center.

During her remarks, Flam made a provocative statement about the formation stage of her work: "The movement would reveal itself." She remembered "not being sure of anything" during the early days of work in Judaism, health, and healing. She noted that the process and the development of her work did not feel coherent. The Kalsman Institute is now asking, What is the current process and development of the field of Judaism, health, and healing, and how did the movement reveal itself?

As described in earlier Kalsman Institute writings, the contemporary Jewish healing movement emerged in the early 1990s. Initial efforts were spearheaded by professionals and lay leaders who recognized that many Jews no longer had easy or meaningful access to spiritual and communal supports that sustained previous generations through illness and loss. These leaders sought institutional remedies, such as health-related services and resources developed for individuals and congregations, especially those in need, and delivered through communal agencies and organizations, grassroots groups, and synagogues. These initiatives drew on wellsprings of Jewish thinking that spoke to the religious tradition as a resource for comfort and solace.<sup>2</sup>

*What is the current process and development of the field of Judaism, health, and healing, and how did the movement reveal itself?*

The early days of the movement - and the living room floor conversations among Flam and her colleagues, Rabbi Rachel Cowan, Rabbi Amy Eilberg, Rabbi Simkha Weintraub, and many others - led to the founding of East Coast and West Coast leading institutes of Jewish healing. The Bay Area Jewish Healing Center, founded in 1991, had a two-person staff with an annual budget of \$200,000. The center has grown to a robust team of eight staff members with a \$1 million annual budget. The East Coast Jewish healing center evolved into the National Center for Jewish Healing (NCJH), which was founded in 1994.

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<sup>1</sup> The Kalsman Institute Partner Gathering was an invitational gathering of founding partners of the institute, designed to bring leadership together to network, exchange best practices, and learn from one another.

<sup>2</sup> Jeff Levin, and Michele Prince, "Judaism and Health: Reflections on an Emerging Scholarly Field", *Journal of Religion and Health*, Published Online May 12, 2010.

“The NCJH was developed to help support and build the growing network of Jewish spiritual care and services throughout North America,” stated Susan Rosenthal, the organization’s coordinator.<sup>3</sup>

The NCJH is a department of the Jewish Board of Family and Children’s Services (JBFCS) and is a beneficiary agency of United Jewish Appeal (UJA)-Federation of New York. Its efforts have shifted in recent years to move staff time toward helping constituents meet basic financial, housing and employment needs as a response to the current economic downturn. The Jewish Connections Programs of the JBFCS is also the home of several programs reviewed during this assessment, including the New York Jewish Healing Center, the Bikur Cholim Coordinating Council, and support programs for the seriously ill and chemically dependant.<sup>4</sup>

What was more narrowly described 20 years ago as the Jewish healing movement, centered in Jewish healing centers, has blossomed and grown into a more integrative interdisciplinary and transdenominational effort. The Kalsman Institute surveyed the field by interviewing a sample of key stakeholders and reviewing a large sample of programmatic offerings. Previous unique and grassroots efforts have developed into the field of Judaism, health, and healing, focusing on several areas:

- Congregational efforts in liturgical expression, communal programming, education, and lay support efforts with individuals and families.
- Community agencies focused on education, resources, and support for those experiencing illness or celebrating wellness.
- Centers for healthcare and medicine providing education and resources for healthcare clinicians.
- A robust and growing Jewish chaplaincy movement.
- Jewish seminaries providing ever-growing pastoral education through coursework and fieldwork.
- Continued scholarly work in the field of Jewish bioethics through academia, centers for healthcare, and Jewish denominational leadership.
- Opportunities for social action, social justice, and community organizing around healthcare policy, provision of and access to healthcare, as well as health and disease-specific education and resources.

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<sup>3</sup> Susan Rosenthal, personal communication, May 14, 2009.

<sup>4</sup> More details are available at <http://www.jcprograms.org/>.



The Kalsman Institute’s exploration netted common themes and insights about the field of Judaism, health, and healing, which will be shared here. The evolution of education, resources, and services will be described, as will suggested areas for further research and potential growth.

*This Program Assessment took place during the Great Recession.*

This Program Assessment took place during the Great Recession. The Kalsman Institute cannot review these findings without

acknowledging the economic downturn affecting the North American nonprofit sector. The downturn led to a 3.6 percent decrease in overall annual philanthropic giving in 2009. That was the second-worst year for giving since 1956.<sup>5</sup>

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<sup>5</sup> Giving USA 2010, 2010 Annual Report (Giving USA Foundation, Center for Philanthropy, Indiana University, 2010).



## Background of the Field

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### *What Is the Field of Judaism, Health, and Healing?*

The field is an umbrella covering programming, resources, services, education, discourse, research, and primary Jewish texts and narratives. These offerings fall at the point where Jewish religion, culture, and peoplehood intersect with health, medicine, and healing. The field includes work within agencies, congregations, healthcare centers, and educational institutions. During the key stakeholder interviews, respondents generally agreed that this field is young, necessary, and expanding.

Though key stakeholders and the authors note remarkable growth in resources, programmatic offerings, and awareness, two important issues were discussed consistently during the interviews: Research describing the nature of the field in full is inadequate, and marketing about the resources and research available is inadequate.

Rabbi Nancy Epstein, the director of congregational relations for the Jewish Reconstructionist Federation at the time of her interview, described this field as “[being in the] threshold of blossoming but still blustering along.”<sup>6</sup>

During his key stakeholder interview, Rabbi Natan Fenner of the Bay Area Healing Center noted that the field is “amorphous, still developing, gaining consciousness, and obtaining resources.” Fenner said, “It has increased in visibility in the past 20 years and is key to mainstreaming the concept of ‘Jewish healing’”.

Another key stakeholder interviewed, Dr. Michelle Friedman, the chair of the Department of Pastoral Counseling at Yeshivat Chovevei Torah, disagreed that this is a field. Friedman is committed to its formation but believes that the interdisciplinary work is not coordinated enough to be viewed as a field.

These interviews indicate that a lot of work is taking place within the domain of Judaism, health, and healing but that systematic collaboration among the disciplines and individuals involved is inadequate.

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<sup>6</sup> Rabbi Nancy Epstein’s quote is a highlight from her key stakeholder interview. Rabbi Epstein was interviewed, along with 26 other leaders in the field of Judaism, health, and healing. In-depth interviews explored interviewees’ personal and professional history, attitudes, and beliefs about their programs and institutions and to extract themes, highlights, and goals to help further the field. Quotes from many of the 27 interviews are interspersed throughout this Program Assessment report, and are noted as being from key stakeholder interviews, but are not footnoted after this description. Please see pages 9-11, and attachments 3, for further details about the interviews and interviewees.

The Kalsman Institute posits that areas of focus composing the field of Judaism, health, and healing include the following:

1. Jewish pastoral care, chaplaincy, and pastoral education.
2. Jewish bioethics.
3. Jewish healthcare policy advocacy and community organizing.
4. Personal Jewish spirituality and healing.
5. Communal responses to illness and wellness.

### *Definitions of Jewish Healing*

A universal definition of Jewish healing does not exist. Definitions of Jewish healing unfold in the area of spiritual and emotional healing, versus physical healing. The definitions focus on making meaning of illness, loss, and challenges, while providing resources and comfort. Newer language incorporates the wellness aspect of prophylactically managing and celebrating health. Definitions of Jewish healing provided during key stakeholder interviews range from "indefinable" to "holistic" and "all-encompassing," to comments such as "Jewish healing is the incorrect language to use."

Richard Address, the director of Jewish family concerns for the URJ at the time of his key stakeholder interview, described Jewish healing as "indefinable." However, Address noted that Jewish healing changes from individual to individual and from community to community.

He stressed that it is indefinable because we do not have the language to define it but that "there has been a slow but steady increase in the amount of interest in this sort of work, and if this field is encouraged, the field will explode."

Fenner used the Hebrew word *shalom* to describe his definition. He said that healing is a "journey toward a greater sense of shalom (peace, wholeness in the collective and in personal life)."

On the other hand, Friedman disagrees with the language "Jewish healing." She said that she believes the language should be "Jewish comfort/Rabbinic comfort/counsel."

Friedman said that she views this arena as a matter of "keeping people company in a Jewish way while life goes on."

Definitions provided by a consortium of Jewish health and healing organizations involved in providing education about the field for development of spiritual care services in Israel help clarify language used in the United States.<sup>7</sup>

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<sup>7</sup> Network of Organizations for Jewish Spiritual Accompaniment General Document, The Network of Organizations for Jewish Spiritual Care in Israel, 2009.

The definition of Jewish Spiritual Care from the Network of Organizations for Jewish Spiritual Care in Israel is:

*The practice of supporting individuals and families in crisis by means of using diverse Jewish spiritual resources, values and traditions and the...culture.<sup>8</sup> The goal is to help reveal, support, and strengthen the distressed person or family's own sense of meaning and spirit, and thereby enable coping and hope, independent of any classification.*

## SHIFTS OF LANGUAGE AND CONCEPT OF SPIRITUAL HEALTH

Additional key stakeholder discoveries noted here explore the language of Jewish spirituality. Rabbi Dayle Friedman, Rabbi Anne Brener, and Address noted a shift in the past 20 years toward an acceptance of the language of spirituality within Judaism.

Rabbi Debbie Prinz is director of program and member services at the national organization, the Central Conference of Reform Rabbis (CCAR). In her key stakeholder interview, she qualified this comment about language.

Prinz said, “Spirituality and healing are two very nonmaterial and counter-cultural concepts in mainstream Judaism. Conservative Christianity, Christianity in general, and Orthodox Judaism more fully utilize and grasp these concepts, but even then it depends on the context.”

*There is a new acceptance of the language of spirituality within Judaism.*

Rabbi Shira Stern self-identified as a rabbi-healer but recognized that this title would not yet be accepted: “If I want to be laughed at, I would call myself a rabbi-healer, because that is truly what I would like to be.”

Barbara Glickstein said, “Spiritual health is kind of like brushing your teeth every day: You need to take care of it so that it is resilient, and not only reach for it when you are in a low place.”

According to Rabbi Yoheved Mintz, this field is “as ancient as Maimonides, but the general public is not truly tuned in.”

These comments demonstrate a need for further discussion and deliberation among key stakeholders to determine language that would be most inclusive and logical for both the interdisciplinary leadership and the constituents.

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<sup>8</sup> The statement designed for use by Israeli researchers and practitioners says, “The practice of supporting individuals and families in crisis by means of using diverse Jewish spiritual resources, values and traditions and the **Israeli** culture.”



## Methodology

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This survey of the field of Judaism, health, and healing takes a multi-model research approach. For the first step, the Kalsman Institute held in-depth interviews with key stakeholders in the field to explore personal and professional history, attitudes, and beliefs about their programs and institutions and to extract themes, highlights, and goals to help further the field. Interviews took place from April to October 2010.

The second step involved gathering programs and services available in the United States in the field of Judaism, health, and healing. The Kalsman Institute on Judaism and Health expanded the “2008 Jewish Healing Programs: Best Practices Sampler,” collected and published by Susan Rosenthal for the National Center for Jewish Healing (NCJH). The institute incorporated a large sample of all known current offerings in the field, including spiritual growth and support groups, educational programs for volunteers, conferences and retreats, and many, many more programmatic offerings. 155 programs in agencies, organizations, hospitals, medical centers, and synagogues were reviewed.

### *Key Stakeholder Interview Notes*

The Kalsman Institute used a key informant approach to ask questions of a select number of leaders regarding attitudes, feelings, behaviors, and trends in this field. Thirty-five key stakeholders made up the list of individuals contacted for interviews. Of those, one opted for representation by another on the list, and two opted for representation by a third party. Of 35 potential interviewees, 27 were interviewed, for a 77 percent response rate. Thirteen men and 14 women responded. The professions of respondents were rabbis, chaplains, doctors, a nurse, professors, social workers, directors, program managers, and lay leaders. The North American regions represented in this field survey are Northeast, East, West, Midwest, and South. The list of the key stakeholders in the field was strategically compiled by the advisory committee for the Kalsman Research Roundtable, funded by the John Templeton Foundation.

The interviews elicited information regarding needs, problems, and the current state of the field. A copy of the interview questions is available as **Attachment 3**. The following personnel were interviewed:<sup>9 10</sup>

1. Address, Richard, Rabbi, DMin, Director, URJ, Jewish Family Concerns, New York, New York
2. Brener, Anne, LCSW, Psychotherapist, Author and Rabbi, Yedidya, Los Angeles, California

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<sup>9</sup> Each internal interview remains confidential, and transcripts are not attached. Highlights are shared.

<sup>10</sup> Several interviewees have new titles since the interview process.

3. Cutter, William, Rabbi, PhD, Steinberg Emeritus Professor of Human Relations and Emeritus Professor of Modern Hebrew Literature and Education, HUC-JIR, and Founding Director, KIJH, Los Angeles, California
4. Epstein, Nancy, Rabbi, PhD, Jewish Reconstructionist Federation (JRF), Jenkintown, Pennsylvania
5. Fenner, Natan, Rabbi, Bay Area Healing Center, San Francisco, California
6. Friedman, Dayle, Rabbi, MAJCS, MSW, Director, Hiddur: The Center for Aging & Judaism of the Reconstructionist Rabbinical College, Wyncote, Pennsylvania
7. Friedman, Michelle, MD, Chair, Department of Pastoral Counseling, Yeshivat Chovevei Torah, New York, New York
8. Glickstein, Barbara, RN, MPH, MS, Co-Director, Center for Health, Media and Policy, New York, New York,
9. Kalish, Naomi, Rabbi, President-elect of NAJC, Whippany, New Jersey
10. Knobel, Peter S., Rabbi, Beth Emet, The Free Synagogue, Evanston, Illinois
11. Kolodny, Debra, President, ALEPH-Alliance for Jewish Renewal, Philadelphia, Pennsylvania
12. Leiner, Roberta, Managing Director, UJA-Federation of New York, New York, New York
13. Levin, Jeff, PhD, University Professor of Epidemiology and Population Health and Director of the Program on Religion and Population Health, Institute for Studies of Religion at Baylor University, Waco, Texas
14. Litvak, Richard, Rabbi, Temple Beth El, Aptos, California
15. Levin, Daniel E., Rabbi, Temple Beth El of Boca Raton, Boca Raton, Florida
16. Marder, Sheldon, Rabbi, Chaplain, Jewish Home, San Francisco, California
17. Mintz, Yocheved, Rabbi, President, OHALA, Las Vegas, Nevada
18. Ozarowski, Joseph, Rabbi, DMin, Rabbinic Chaplain, Jewish Child and Family Services, Jewish Healing Network of Chicago, Chicago, Illinois
19. Prince, Michele, Director, Kalsman Institute on Judaism and Health, HUC-JIR LA, Los Angeles, California
20. Prinz, Debbie, Rabbi, Director of Program and Member Services, Central Conference for American Rabbis (CCAR), New York, New York



21. Rosenthal, Susan J., LCSW, Coordinator, National Center for Jewish Healing (JBFCS), New York, New York
22. Sokoll, Marjorie, BSW, Director, Jewish Healing Connections, Jewish Family and Children's Services, Waltham, Massachusetts
23. Stern, Shira, Rabbi, Center for Pastoral Counseling, Marlborough, New Jersey
24. Steyer, Ute, Rabbi, Jewish Theological Seminary (JTS), New York, New York
25. Teutsch, David, Rabbi, PhD, Director, Levin-Leiber Program in Jewish Ethics and the Center for Jewish Ethics, Reconstructionist Rabbinical College, Wyncote, Pennsylvania
26. Yoskowitz, Rachel, BSN, MPH, Director, Health & Healing Initiatives, Jewish Family Service of Metropolitan Detroit, Detroit, Michigan
27. Young, Malka, Director, Healing Partners, Jewish Family Service, Framingham, Massachusetts

## MEMBERS OF THE FIELD

Those interviewed for this assessment make up a sampling of members identified as part of the field of Judaism, health, and healing. The interviews revealed that 25 of the 27 individuals self-identified within the field and two did not.

The two that did not self-identify within the field of Judaism, health, and healing are Dr. Michelle Friedman, who (as previously discussed) envisions this field as being a development in future years, and Debra Kolodny, the president of ALEPH-Alliance for Jewish Renewal. The language that Kolodny uses is the "God Field," which she explained as "the intersection between *tikun olam* and *tikun ha lev* [healing the world and healing the heart]."

Rabbi Sheldon Marder, rabbi and chaplain at the Jewish Home in San Francisco, said that although he now views himself as a member of this field, he did not know that he was a member until he was told that he was. Marder had been recommended as a member of SeRaF, a project to coordinate resources in a project of the NCJH of the JBFCS and the Kalsman Institute. He said that he believes Judaism and health are natural intersects but that before he had been asked to be a member of this group of professionals, and told of his engagement in the field, the thought never crossed his mind.

These comments prompt the questions, Who else is engaged in this field and does not identify with it? Why? What can be done to promote identification with this field?

## *Program Review Notes*

Each program reviewed was categorized to begin answering overview questions of, "What is out there?" "Where does it take place?" "What is involved?" and "Who is it for?" to provide a basic

map of the field of Judaism, health and healing. Results were sorted in a variety of ways to discern trends.

Programs were divided by sponsoring agency, congregation, or organization and by geography, style, target, intent, and frequency. The primary population the programs sought to serve included healthcare staff, individuals, rabbis, seniors, synagogues, teens, and women. Many programs could fit into multiple categories, and the following classifications help illustrate the areas of focus and intent. Most programs are convened around these topics:

- Successful Aging
- Substance Abuse
- Illness in general, or disease-specific
- Visitor support (visitor of the sick), including caregiving support
- End of life and bereavement
- Jewish spiritual renewal or spiritual growth
- Jewish bioethics
- Healthcare system, education about insurance changes, and access to care

Among the many modalities used were the following:

- Educational courses and workshops
- Outreach and networking events
- Professional support meetings or courses
- Conferences or retreats
- Support groups

Other details were reviewed, including income sources, whether music or prayer was included, whether the program was collaborative, and whether it was run by staff versus volunteers, clinicians versus clergy.

The program review and the interview components of this survey of the field worked in conjunction, and each step informed the next.

## **GEOGRAPHY AND POPULATION**

One critique of this field picked up during previous Kalsman Institute gatherings and from key stakeholder interviews is that programmatic offerings do not meet the needs of enough Jews in need, in enough geographical areas. Stakeholders in this field and their constituents are not aware of the many programs developed and provided for them. Therefore, a critique of current methods of outreach and marketing rather than of the programs themselves is vital, as is a reevaluation of their accessibility and visibility efforts for targeted participants in addition to peers and colleagues.

*According to the World Jewish Population Survey (2010)*<sup>11</sup> the U.S. cities with the highest Jewish populations are:

New York	2,007,850
Los Angeles	684,000
Southeast Florida	485,850
San Francisco	345,700
Chicago	270,000

The program review revealed that programming in Judaism, health, and healing is available in great numbers in both the areas with the highest concentrations of Jewish individuals and areas not as highly populated by Jewish individuals.

The first edition of the *Outstretched Arm*<sup>12</sup> in 1991 said that a “handful of Jewish hospital chaplains, a few Jewish hospices, rabbinic visitation to hospitalized or home-

bound patients, and the traditional practices of *bikur cholim*” defined the extent of organized spiritual care available for Jews in need at that time. Twenty years later, the offerings are more robust, diverse, and far-reaching.

### *Limitations*

The most important limitation of this Program Assessment is that it is an accounting of a sample of programming and the opinions of a sample of key stakeholders; it is not comprehensive of all programs and findings in the U.S. It is also not a full evaluation of the programs explored in the program review. The assessment covers volume and growth versus a methodical review of content and financial strength, potential for growth, outreach and awareness, or replicability of these programs.

Despite significant growth in 20 years, the field is in its early and building stages, and debate continues about the areas of focus included under the umbrella of Judaism, health, and healing. This review also focuses primarily on offerings in the liberal Jewish community and largely does not assess programs and practices in the Orthodox communities. Another limitation is that recipients of services and resources are not interviewed here. Interviews with recipients would be valuable.

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<sup>11</sup> Mandall L. Berman Database, *World Jewish Population Survey* (2010). Retrieved from <http://bjpa.org/>.

<sup>12</sup> The Jewish Healing Center, “Our Charter,” *The Outstretched Arm* (Fall 1991).



## Exploratory Analysis of the Field: Key Findings

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### *Thematic Factors*

#### **ANALYSIS OF STRENGTHS AND WEAKNESSES**

Stakeholders described strengths and resources as well as weaknesses and threats in the field. Strengths include a field of charismatic leaders. The field is diverse and strengthening its sense of identity. A passion for work at the intersection of Judaism, health, and healing translates into pride and confidence in the diverse programs and services offered by the providers.

	POSITIVE	NEGATIVE
INTERNAL FACTORS	<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Charismatic Leadership</li> <li>• Honors many approaches</li> <li>• Flexible</li> <li>• Holistic</li> <li>• Creative</li> <li>• Diverse</li> <li>• It works. Period.</li> <li>• Judaism has a long history of dealing with questions of health, ethics, and healing</li> <li>• Resourceful</li> <li>• Egalitarian</li> <li>• Sustainable</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• No professional training for the field</li> <li>• People are overworked and underpaid</li> <li>• Chaos</li> <li>• Disorganized</li> <li>• Quackery</li> <li>• Lack of unified vision and theme</li> <li>• Not enough research</li> <li>• Calling this a field is premature</li> <li>• The field is: <ul style="list-style-type: none"> <li>○ In its infancy</li> <li>○ In its toddler stage</li> <li>○ Dead</li> </ul> </li> <li>• Lack of Delivery of resources to Rabbis</li> <li>• Lack of marketing/outreach</li> <li>• Inaccessible</li> <li>• Not enough collaboration and integration</li> <li>• Instability</li> </ul>
EXTERNAL FACTORS	<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• An understanding that this is an important part of Judaism <ul style="list-style-type: none"> <li>○ Valued</li> <li>○ Sense of identity is growing</li> </ul> </li> <li>• Pastoral care is becoming increasingly important <ul style="list-style-type: none"> <li>○ Spiritual care is becoming more recognized within healthcare (SCC &amp; JCAHO)</li> </ul> </li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• No knowledge of the depth of wisdom around health that Judaism has to offer</li> <li>• Spirituality is not a fully accepted topic in Judaism</li> <li>• Pastoral counseling needs to become more central to rabbinic seminary education</li> <li>• Lack of funding</li> </ul>

One weakness the field faces is that, although charismatic leaders are involved, line staff are overworked and underpaid. The staff are in danger of burnout. Additionally, members of the field are not systematically involved in writing and research. There is also a lack of strategic evaluation to ensure that the work and offerings remain relevant and meet the needs of constituent populations. Key stakeholders fear that, without the ability to prove relevancy, both the constituents and potential funders will not see the value that the stakeholders in the field view as inherent.

As the SWOT analysis shows, the field of Judaism, health, and healing includes strengths, weaknesses, opportunities and threats because of both internal and external factors. The themes shown visually in the SWOT analysis are detailed in the sections below.

## FUNDING AND FUNDRAISING

Eighty-five percent of key stakeholders interviewed mentioned the need for assistance with funding. They described challenges in identifying donors and foundations, as well as a lack of structure to nurture and sustain relationships. Several key stakeholders said that they were good at grant writing but did not easily find compatible funders. Lack of skills and resources is further complicated by lack of time to put into the search for funding. A few key stakeholders acknowledged a desire to explore more sustainable funding structures, fee-for-service or even more venture-philanthropy-oriented ideas, but they had not allocated time or energy to those strategic planning efforts.

Leaders of organizations involved in Judaism, health, and healing suffer the same challenges of the larger nonprofit sector. Some leaders of these organizations, even before 2008, had difficulty finding funding sources.

*Moscovitz and Zuckerberg, the youngest billionaires in the world, at age 25 and 26, respectively, pledged the majority of their fortunes through "The Giving Pledge" but no health and healing organizations reviewed here were funded.*

As noted above, the economic downturn led to a 3.6 percent decrease in overall annual philanthropic giving in 2009. That was the second-worst year for giving since 1956.<sup>13</sup> This is despite significant giving provided through the recent extraordinary Warren Buffet and Bill Gates initiative "The Giving Pledge," aimed at inspiring "the wealthiest individuals and families in America to commit to giving the majority of their wealth to the philanthropic causes during their lifetime or after their death."<sup>14</sup> The total projected donations have reached \$126 billion.<sup>15</sup>

In California alone, four Jewish donors - Mark Zuckerberg, Dustin Moscovitz, and Michael and Lori Milken - committed to donate through the initiative.<sup>16</sup> Moscovitz and Zuckerberg, the youngest billionaires in the world, at age 25 and 26, respectively, pledged the majority of their fortunes.

"People wait until late in their career to give back. But why wait when there is so much to be done?" Zuckerberg, co-founder, CEO and president of Facebook commented.

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<sup>13</sup> Ibid.

<sup>14</sup> Giving USA 2010 (December 8, 2010): <http://www.givingusa2010.org>. Press Release, "Seventeen More U.S. Families Take Giving Pledge". Retrieved: December 18, 2010.

<sup>15</sup> A Few Good Men Foundation, "Top 10 Good Men of 2010: The Billionaires Who Pledged Their Fortunes," A Few Good Men, <http://goodmenproject.com/2010/12/16/billionaires/> December 16, 2010. Retrieved: January 18, 2011.

<sup>16</sup> Ibid.

He cited “a big opportunity for many ... to give back earlier in our lifetime and see the impact of our philanthropic efforts.”<sup>17</sup>

Despite this initiative and generous donations such as these, none of those Jewish dollars is headed toward the organizations reviewed for this assessment. "The Effect of the Economy on the Nonprofit Sector: A June 2010 Survey"<sup>18</sup> of Guidestar Nonprofits found the following:

- Eight percent of respondents indicated that their organizations were in imminent danger of closing.
- In order to balance budgets, 17% of respondents reduced program services, and 11% laid off employees.
- More than 60% of participants reporting decreased contributions attributed the drop to a decline in both the number of individual donors and the size of their donations.
- Among organizations that use volunteers, 17% used one or more in what had formerly been paid positions.
- A third (32%) of organizations increased their reliance on volunteers, whereas 9% experienced a decline.

According to the American Association of Fundraising Counsel<sup>19</sup>, the largest percentage of funding tends to come from individual supporters. As demonstrated by the stakeholder interviews, the key Judaism, health, and healing leadership knows that more evaluation, outcome-based planning and continuous assessment is necessary to ensure the continued influx of funding and support for the field.

## EMERGING LEADERSHIP

Professionals in the field of Judaism, health, and healing very much want to attract and sustain a future generation of leadership. The needs of constituents to find meaning and to find services and resources at times of challenge will surely continue. Key stakeholder interviews indicated awareness that young Jewish professionals are not linking to health and healing organizations. Jobs are scarce, and like other areas in Jewish communal life, there is a ceiling on growth. Many leaders are baby boomers, and their lead clinicians and professionals are largely from the same generation. Perhaps a certain

*Stakeholders described working primarily with peers and more rarely with members of a younger generation.*

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<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.



amount of life experience and, frankly, loss is an inevitable guide into this work, and young 20- and 30-somethings are not entering the field in high numbers. Stakeholders described working primarily with peers and more rarely with members of a younger generation.

According to Richard Siegel, director of the HUC-JIR School of Jewish Nonprofit Management, in the health and healing subsector, as in the field of Jewish nonprofit management as a whole, large numbers of senior management will soon retire, leaving skilled and experienced middle managers in high demand. Professional development in administrative, fiduciary, and personnel management, as well as in fundraising and organizational development, is greatly needed.<sup>20</sup>

Salaries in the helping professions such as social work and chaplaincy can be low, and while the fields continue to professionalize, other areas in Jewish life are growing and perceived as hot areas for employment and work. In a field fighting to be legitimized and stymied by an economic crash that has halted new growth, workers are accountable for more and more responsibilities and have little time to go above and beyond in mentoring relationships and teaching the next generation. The Jewish nonprofit world does not pay its bottom and mid-level executives at a rate comparable to its executives.

An article in the Los Angeles *Jewish Journal* in December 2010 said, “While many top professionals in the wider nonprofit world have taken salary freezes or cuts, the Jewish world is lagging behind. Of the 74 organizations *The Forward* analyzed, only six had executives who didn’t get a raise in 2009, and only nine took salary cuts.”<sup>21</sup>

According to the article, although the executives received raises, mid- and entry-level staff salaries were cut, or the professionals were let go.<sup>22</sup> It is important to ensure that opportunities and salaries are available to these young professionals in health and healing organizations at levels that encourage a role within these fields.

A new research study, “Generation of Change: How Leaders in Their Twenties and Thirties Are Reshaping American Jewish Life”<sup>23</sup>, is circulating in the Jewish nonprofit sector. The study suggested there is no dearth of young committed Jewish professionals or lay leaders and that they are attuned to the diversity of Jewish needs and interests. For several years, the Kalsman Institute has been talking with partners about how best to achieve training and mentoring for young and emerging leadership in the field of Judaism, health, and healing.

The study divided Jewish nonprofits into categories of establishment versus non-establishment, and mainstream versus innovative. An important issue is whether Jewish health and healing

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<sup>20</sup> Michele F. Prince, “Judaism, Health, and Healing: How a New Jewish Communal Field Took Root and Where It Might Grow,” *Journal of Jewish Communal Service*, 84 (2009), pp. 280-291.

<sup>21</sup> Julie Fax, “Executive Salaries: How Much Is Too Much,” *Jewish Journal*, December 20, 1010.

<sup>22</sup> Ibid.

<sup>23</sup> Jack Wertheimer, “Generation of Change: How Leaders in Their Twenties and Thirties Are Reshaping American Jewish Life,” Report, 2010.

services in organizations are considered mainstream establishment organizations although many personnel hold onto self and organizational image as cutting-edge innovators. The study also highlighted how young leaders network and build community, as well as discussing new visions for strengthening Jewish life.

Unlike limitations in programs and services offered through the Jewish healing centers and family service agencies, the rabbinic seminaries are experiencing a difference of mood and

*There is continuing growth in seminary pastoral education.*

continuing growth through the blossoming of pastoral education. Across the denominations, attention, funding, and personpower are being devoted to improving and systematizing coursework and field internship experiences to ensure that current and future generations of Jewish leaders can meet the needs of individuals and families in need. People expect Jewish clergy to bring sensitivity, experience, and expertise to working

with congregants and community members around issues of illness, loss, and wellness.

One of the key stakeholders interviewed, Stern, stated that she believes that we need to make sure that we are not only learning from the “key players” but also looking to the next generation and growing as a movement.

“We need to be sure to grow this movement and not become so insulated that we forget why we’re doing what we’re doing,” she said.

## COLLABORATIVE INTERDISCIPLINARY WORK

Bio-psycho-social-spiritual models of health and wellness take the broadest holistic approach to assessing and promoting health and addressing illness and pain, and these models are used throughout the institutions affiliated with Jewish healing. The interdisciplinary nature of the work reaches outside of denominations in the work in Judaism, health, and healing. It is an important example of an area through which many Jewish movements come together to help individuals and families in need. Certainly at the seminary level, dialogue and collaboration is burgeoning in pastoral education.

Rabbis, educators, social workers, physicians, and psychiatrists come together to teach emerging Jewish leaders how to be present in the face of illness and loss – and share learning among colleagues in the Reform, Reconstructionist, Conservative, and Modern Orthodox denominations. Relationships and collaboration are building from these groups to the Jewish Renewal community, and in some areas, such as Jewish bioethics, more Orthodox partnerships are present.

Marjorie Sokoll noted in her stakeholder interview that the transdenominational, egalitarian, and “honoring of all approaches” nature of the field is one of its key strengths, allowing for more acceptance of ideas, including, for example, newer acceptance of the mind-body connection by the general lay Jewish community.

*The most frequent request of key stakeholders interviewed as a part of this assessment was a "system to enhance collaboration and connection".*

Perhaps this acceptance and acknowledgement of the potential for interdisciplinary collaboration, the most frequent request of key stakeholders interviewed as a part of this assessment, was a "system to enhance collaboration and

connection". These leaders are looking for a systematic way to continue education, communication, and exchange.

The Kalsman Institute developed and co-sponsored the "Midrash & Medicine: Imagining Wholeness" conference in 2009. Each time the coordinators and faculty reviewed the registration list, they found striking the interdisciplinary mix of the attendees. Professionals from medicine, nursing, behavioral health, the rabbinate, chaplaincy, and the arts were coming together.

This combination of Jewish nonprofit professionals interested in health plus healthcare professionals interested in integrating their own Judaism was not entirely surprising based on the nature of the team that planned the conference, but the combination did give pause to the team members. They recognized that the conference was explicitly meeting an implicit goal of planning to incorporate collaboration across disciplines. According to several conference participants, among the benefits of the combined disciplines was the opportunity for participants to view problems and challenges through a new lens.

The 2009 conference built on a previous collaboration between the Kalsman Institute and Bay Area Jewish Healing Center, which co-led a 2003 conference, "Models of Cooperation – Reflections on the Jewish Healing Movement". The conference examined the history of the movement and looked for ways that collaborative efforts could move work forward. The gathering highlighted an important and underconsidered theme: collaboration and the significance of cooperation as an organizational value, especially when it comes to healing concerns. Among other highlights, speakers and participants suggested that collaborative efforts inherently include the value of process and reflection. Successful team building allows institutional transformation through collaborative relationships.

Rabbi David Teutsch, an educator at the 2003 "Models of Cooperation" conference, discussed the ethics of collaboration, and addressed the ethics of contracting, disclosure, and transparency, and he asked organizations to consider – ahead of time – what happens when a situation has a poor outcome and to prepare for this possibility when establishing a collaborative relationship. Surely that theme came into action during the year and half planning of the 2009 "Midrash & Medicine" conference just as the Madoff scandal broke out and financial concerns for planning the conference took hold.

During the "Models of Cooperation" conference, one presenter, a physician, ask how the medical model applies to collaboration and conflict resolution and suggested that the need for collaboration is paramount in the medical realm, where issues of power, turf, and personality predominate. Many of the practitioners involved with the field of Judaism, health, and healing have been exposed to work in gerontology and end-of-life care.

These sectors offer the best of interdisciplinary medical models, frequently employing continuing, even daily, interdisciplinary rounds that incorporate all healthcare professionals exchanging patient information to attempt to provide truly holistic care from physicians, social workers, nurses, therapists, chaplains, and other professionals. These collaborative and interdisciplinary models can inform all the work in this multi-faceted sector, on both the individual professional level and the institutional level.

Rabbi Naomi Kalish, incoming president of the National Association of Jewish Chaplains, in her key stakeholder interview, said she sees the field as made up of many types of organizations and groups, including chaplains, bereavement groups, healing centers, non-profit organizations, educational centers, research teams, seminaries, and pastoral counseling centers.

These institutions, among others, are spreading the word and work of collaborative interdisciplinary assessment and care. Though the outreach is broad, many professionals and institutions maintain the separation of Judaism and health.

In his key stakeholder interview, Rabbi Peter Knobel of Chicago stated that many people are interested in issues related to Judaism and health but do not see a connection between those issues and their work, whether in the rabbinate or in the medical realm. Further focus on collaboration and interdisciplinary work will help those outside the field make the bridge between Judaism and health.

## DESTIGMATIZING THE TABOO

Many service providers in the field of Judaism, health, and healing touch areas of Jewish life that remain closeted. Aging, death, abuse, mental illness, infertility and others are stigmatized issues in the contemporary Jewish community, even in the most sensitive and vibrant of groups.

*Many service providers in the field touch areas of Jewish life that remain closed.*

Rabbi Dayle Friedman, in her interview, stated that one of the limitations of her Hiddur program was that aging is still a stigmatized issue.<sup>24</sup>

Brener, a social worker and spiritual director, summarized a significant theme of the key stakeholder interviews. She said that many members of the Jewish community still shy away from seeking help when it is needed at times of illness and loss. They themselves fail to reach out to those in need because of overburdened schedules, complicated reactions, and even fear of the unknown. Vibrant, well-trained and staffed Caring Committees are in want of synagogue members to help.

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<sup>24</sup> Hiddur is the Center for Aging and Judaism at the Reconstructionist Rabbinical College.  
<http://www.rrc.edu/hiddur>

This is another phenomenon worthy of further study. Many leaders of the community do take the opportunity to push for assistance in desigmatizing the taboo, but these efforts are neither universally available nor broadly accepted.

Several communities have made an effort to offer services, provide community building and education, and become focal points for Jewish individuals and families living with mental illness. As described in the *Journal of Jewish Communal Service*, in 2002, a consortium of northern California synagogues, the Bay Area Jewish Healing Center (BAJHC), and the Kalsman Institute presented “Help, Hope and Healing”, a one-day conference on reducing the stigma of mental illness in the Jewish community.<sup>25</sup>

According to Rabbi Eric Weiss, BAJHC executive director, more than 40 percent of those seeking help for emotional problems approach a spiritual adviser first. However, Weiss said, “most [rabbis] don’t get the information we need to provide support”.

That first conference attacked myths of mental illness, connected the suffering of individuals and their families to ancient Jewish sources, and developed strategies to advocate for a parity law, which mandates equitable health insurance coverage of treatment for mental health alongside physical health conditions. Activists celebrated the signing into law of a federal mental health parity act, which went into effect in October 2009. Annual conferences, in partnership with Congregation Beth Am, Los Altos Hills, have followed the initial Northern California effort.

Infertility is another often-hidden arena of Jewish life where young people are guided with traditional wishes, from bar mitzvah age to the day they will stand under the *chuppah* and be “fruitful and multiply”. Many Jews, men and women, hesitate to reach out to community for assistance, and when they do, they find little of value.

One Jewish community professional shared the story of hesitating to participate in community support groups for fear that his story of family-building attempts and losses would be shared with his synagogue and workplace. The energy it took to work during times of his partner’s monthly medical procedures and losses was, he said, “excruciating.”<sup>26</sup>

*Many Jews, men and women, hesitate to reach out to community for assistance when dealing with infertility, and when they do, they find little of value.*

One rabbi chose to speak about infertility during her Rosh Hashana service as an antidote to difficult Torah texts read and studies on the holiday, and a need she saw in the community, but

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<sup>25</sup> Linda Boroff, “Jews Grapple With Stigma, Pain at Mental Health Conference at Temple Beth Jacob”, *j. the Jewish News Weekly*, November 1, 2002.

<sup>26</sup> Anonymous interview, personal communication, 11/1/10.

her sermon was met with complaints. How, some of her congregants asked, could she talk about *that* from the *bimah*?<sup>27</sup>

The trend of pastoral educators introducing needed guidance and raising awareness continues with these stigmatized topics. At HUC Los Angeles, for example, an alumna and active community member, Marcia Cohn Spiegel, founded the Spiegel Seminars to raise awareness and teach the students about responses to stigmatized topics in the community. The 2010-11 theme includes infertility and other family planning challenges.

During a panel discussion for the students, a community member shared that, during her infertility process, she “no longer found her sanctuary [to be] a sanctuary.”

Other topics related to family planning challenges are miscarriage and neonatal death. The UJA-Federation of New York, in partnership with the National Center for Jewish Healing and other organizations, held a conference in 2009 on “A Loss Worthy of Grief: Jewish Approaches to Bringing Comfort After Miscarriage, Stillbirth, and Neonatal Death” and, in 2010, followed with a volume of *Outstretched Arm* with writings, sources, and approaches to the theme.<sup>28</sup>

These recent efforts demonstrate that, even in these areas of Jewish life, there is some growth but much room for improvement.

## *Programmatic Highlights*

### **AGENCY HIGHLIGHTS**

Many programs reviewed in this sample are located in Jewish Family Service agencies, and several focus on *bikur cholim* training programs, or training visitors of the ill. The Jewish Healing Program of Jewish Family and Children’s Services (JFCS), Sarasota, Florida, developed a Continuum of Visiting Services program. The training is dedicated to developing a continuum of services for those who are isolated, alone and experiencing life challenges. The Senior Services Department at JFCS trains volunteers, who provide continuing telephone reassurance and visits through a friendly visitors program. *Bikur cholim* para-chaplains are also trained, and they work to address the spiritual component of visits for people in their homes, nursing homes or hospitals.

A doula services component of the program trains volunteers as companions for those who have a serious life-threatening illness. Those receiving services are able to move from one service to another on the continuum as their needs change.<sup>29</sup> The doula program is modeled after the

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<sup>27</sup> Rabbi Eleanor Steinman, personal communication, 11/1/10.

<sup>28</sup> “A Loss Worthy of Grief: Jewish Approaches to Bringing Comfort After Miscarriage, Stillbirth, and Neonatal Death,” *Outstretched Arm*, Vol. 9, Issue 1, 2010.

<sup>29</sup> Susan Rosenthal, “Jewish Healing Programs: Best Practices Sampler,” National Center for Jewish Healing, 2008.

innovative New York Shira Ruskay Center’s Doula to Accompany and Comfort Program of volunteers, who provide companionship and comfort for people whose life expectancy is 18 months or less. An end-of-life doula is like the traditional doula, who is a companion for women in childbirth, providing emotional, spiritual and social support, comfort and companionship.

The Caring Communities Resource Network of Jewish Healing Connections, a program of Jewish Family & Children’s Service of Greater Boston, Waltham, Mass., in collaboration with Jewish Family Service of Metrowest, Framingham, Mass. JF&CS is leading this new effort, building on its past 10 years training synagogue Caring Communities. The Caring Communities Resource Network (CCRN) works in collaboration with area synagogues, helping them create and sustain Caring Communities.

The CCRN hosts community trainings at JF&CS and JFSMW and is designed to bring congregations together to share experiences and to create a sense of connection among the congregations. The CCRN also trains and consults with individual synagogues. The program coordinator conducted a needs assessment survey to determine training topics congregations were most interested in.

The first training held at JF&CS, and in collaboration with a synagogue, was “The Nuts and Bolts of Creating Caring Communities”. The second training focused on “Aging With Our Parents: The Sandwich Generation”. The next training will focus on “Being Present: Listening & Communication Skills”. A unique feature of the CCRN is that it is transdenominational; the network has members from more than 30 synagogues representing the Reform, Conservative, Reconstructionist, Jewish Renewal, Orthodox, and non-movement affiliated communities.<sup>30</sup>

Another unique community program is the Rabbi/Social Worker Roundtable, developed by the J in JFS Committee of Jewish Family Services/Los Angeles (JFS/LA) to enhance relationships between JFS/LA clinical staff and congregational rabbis, as well as provide pastoral counseling consultation for rabbis and exposure to the use of spiritual resources in counseling for social workers. Its goal is to encourage collaborative relationships, in the areas of counseling referrals and program development.

*A unique feature of the CCRN is that it is transdenominational.*

Under the leadership of a JFS/LA coordinator-facilitator, a group of six congregational rabbis and six JFS/LA social workers met monthly, exploring issues of loss, addiction, abuse, marital counseling, bereavement, pet loss and spiritual support, using presentations, case consultation, vignettes and Jewish texts. The coordinator described that the program created a surprising level

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<sup>30</sup> Ibid.

of bonding and meaningful collaborations among the participants. The program was described in the *Journal of Jewish Communal Service*.<sup>31</sup>

Just as Jewish aging is an area of scholarship, Jewish senior services are a focus of community programming. With a JFCS team outside of Boston, Malka Young, a licensed clinical social worker, developed award-winning senior social programming. A program called “Keshet” works closely with area synagogues and community volunteers to bring Jewish cultural and religious programming to seniors isolated in assisted-living facilities and nursing homes.

The Keshet program is now an expanded intergenerational program, Keshet 13 YES, which includes a 13-hour experience for pre-B’nai Mitzvah children and their parents. The children and parents participate in small-group activities, such as holiday programs and Shabbat services at assisted-living facilities or become friendly visitors to one isolated elder in the community. The program is run through Healing Partners, JFS of Metrowest, Framingham, Mass.<sup>32</sup>

## JUDAISM, HEALTH, AND HEALING IN OUR SYNAGOGUES

As mentioned in previous Kalsman Institute articles prepared as part of the *Roundtable on Judaism and Health* efforts, the expansion of the Jewish healing movement has greatly influenced synagogues, the traditional homes of community life. Congregational efforts include clergy pastoral counseling and *bikur cholim* visitation. Increasingly, teams of lay leadership are trained to provide visits, contact, and assistance to individuals and families in need. Many congregations have committees that coordinate this work.

*The expansion of the Jewish healing movement has greatly influenced synagogues*

Few, however, model themselves after common parish nursing programs in North American churches to offer staff nurses or social workers to provide community resources, referrals, counseling, and occasional crisis intervention. This model of professional coordination has not been widely embraced.

A few, rare congregations have committed funding to a social worker or coordinator who maintains the priorities of this work, such as Congregation B’nai Jeshurun in New York City, which employs a social worker who gives private consultations to synagogue members, and Temple Aliyah in Los Angeles, which embraces a “social worker’s case model”, by employing a staff member to contact synagogue members in times of death or crisis, followed by offering volunteer liaisons to aid families with bereavement resources, set up *shiva minyans* (groups which meet for prayer during mourning) and make sure that the family has food delivered.

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<sup>31</sup> Sally Weber, “The Rabbi/Social Worker Roundtable,” *Journal of Jewish Communal Service*, 82(1-2), Winter/Spring 2007.

<sup>32</sup> Tracy Lipsig Kite, and Susan Rosenthal, “Bridges to Wholeness: Jewish Family Services and Jewish Healing,” *Journal of Jewish Communal Service*, 82(1-2), Winter/Spring 2007.



Additional points of inclusion are through adult and youth education on a wide range of health and healing topics, such as Jewish bioethics, end-of-life care, or Jewish meditation, offered through classes, retreats, and workshops as well as through sermons and supportive services. Congregations offer everything from yoga class, to lecture series, to telephone tree days (to touch base with members who can no longer easily leave home), to continuing Talmud study focused on health and healing topics.

Several congregations focus health and healing efforts on end-of-life matters. Initiatives have focused on volunteer training and adult education. Some communities are concentrating on funeral and *shiva* (week-long period of mourning) practices and creating *chevra kadisha* groups (burial societies, responsible for ritual preparation), training congregants to do the ancient rituals of *tahara* (purification). The Gamliel Institute is a center for study, training, and advocacy concerning Jewish end-of-life practices. The institute provides training and resources about death and bereavement practice for *chevra kadisha* groups and bereavement committees in synagogues and communities in the U.S. and Canada. Their certification program studies issues surrounding the end of life from a Jewish perspective.

*Adult and youth education is held on a wide range of health and healing topics.*

One synagogue-wide end-of-life initiative was launched in 2004. Rodeph Sholom, a large congregation in New York City, tackled an ambitious project that aimed to change the synagogue culture with regard to end-of-life issues. According to Sally Kaplan, an active lay leader in the congregation, the impetus for this endeavor came from congregants and clergy who recognized the need for the synagogue to offer people spiritual, emotional, theological, and practical resources to engage with these issues. Leadership also wanted to raise the communal consciousness, so that these issues were no longer unspoken.

Through a planning committee and consultant, a focus group explored attitudes, expectations, and needs of congregants, as well as strategies for outreach and communication. Though the lay-clergy planning group was surprised by the challenges to engage congregants in end-of-life issues and planning, the initiative eventually offered educational outreach, systems of congregant-to-congregant support and support groups, and a library with a wide range of materials and resources.<sup>33</sup> Efforts in 2010 included compilation of a significant set of materials that showcase the process, distributed to key stakeholders in the field.

Temple Chai's Shalom Center in Phoenix, Arizona, has been referred to in previous articles. Among its current efforts is also the launch of an end-of-life initiative, culminating in the conference "Conscious Living/Conscious Dying" in May 2011. The goals of this initiative include educational workshops for Jewish organizations around grief, hospice issues, and ethical wills.

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<sup>33</sup> Sally Kaplan, personal communication, 10/27/10

Steven S. Wise Temple in Los Angeles began the Kehillat Wise initiative to encourage and empower congregants to help other congregants decrease their mental, physical, and spiritual stressors during the current economic crisis. Through this program, temple members have access to private, confidential sessions at sliding-fee scales with members who work in the mental health field and are volunteering a portion of their time.

## ON LITURGY AND PRAYER

Other congregational constants are the addition of health and healing prayers in daily, Shabbat, and holiday worship. The majority of influences on liturgy and prayer include the establishment of healing services in many North American congregations and *chavurot* (small prayer and social communities). A healing service differs from the traditional main sanctuary daily, Shabbat, or holiday prayer service. It can be an informal and interactive gathering of participants who pray, sing, meditate or sit in silence, study, tell personal stories, and participate in guided ritual activities that derive from Jewish liturgy and practice.<sup>34</sup>

*Some of the early adopters of these healing services began to infuse this body of knowledge into congregational life and into the traditional prayer services*

The services have functioned as places to gather for those who are ill, facing personal loss or distress in their lives, or searching for a quiet and reflective place.

Such services were designed to reach out to Jews struggling with physical illness; they also embraced family, friends, and caregivers. Healing services caught on in many synagogues when clergy and lay leadership acknowledged that traditional services were not providing a vehicle to express social and emotional needs of illness and loss. Traditional liturgy was not resonating with those suffering, and the healing services recognized that people were in pain. The healing services also built community and built a body of knowledge to integrate into congregational life.

The early organization building and programming ideas discussed above developed in the 1980s and 1990s, often with the same professionals and lay leadership as healing services developed. In the mid-1990s, some of the early adopters of these healing services began to infuse this body of knowledge into congregational life and into the traditional prayer services.

In preparation for the 2005 Kalsman Institute on Judaism and Health Partner Gathering, Rabbi Elaine Zecher of Temple Israel in Boston, Massachusetts, asked the question, Do we still need healing services? After systematic review of the healing services

*Do we still need healing services?*

<sup>34</sup> Susan Starr Sered, "Spirituality, Religious Wisdom, and the Care of the Patient: Healing and Religion - A Jewish Perspective," *The Yale Journal for Humanities in Medicine*, January 28, 2002.

and needs of her congregation, Zecher began to weave language and awareness of people's "soulful needs" into the Shabbat and holiday prayer service experiences, and her congregation opted to drop its healing services and end the separation.<sup>35</sup>

A full, scholarly review of the health and healing movement's influence on contemporary North American Jewish communal and personal liturgy and prayer is needed.

## JEWISH MEDICAL CENTERS AND JEWISH EDUCATION

The Program Assessment included a review of 20 historically Jewish hospitals in the U.S. to determine what these medical centers offer the Jewish community in education and service. All hospitals include some form of chaplaincy and spiritual care. One robust program is at Barnes-Jewish Hospital in St. Louis, where a department is led by a rabbi and includes interfaith chaplaincy services, student training through a Clinical Pastoral Education (CPE) program, worship services and rituals, as well as educational materials and resources, such as kosher food for Jewish patients, family caregivers, and staff members. Other hospitals, such as Mt. Sinai Medical Center in Chicago, have leaner spiritual care staff and few additional resources.

*Few hospitals offer external Jewish education on health and healing.*

Few hospitals offer external Jewish education on health and healing topics to outside community members but focus instead on general topics of health and medicine. Some of the hospitals do co-sponsor events and projects that fall under community outreach efforts.

Cedars-Sinai Medical Center in Los Angeles sponsored a health and wellness track at the 2010 LimmudLA annual conference, providing financial support and workshops as a part of this community-wide Jewish education program. Cedars-Sinai is also reaching out to synagogues and Jewish organizations to pilot a program offering health lectures, as well as adult and child immunizations.

In 2007, Beth Israel Deaconess Medical Center in Boston, partnered in underwriting *Blessings for the Journey: A Jewish Healing Guide for Women with Cancer*<sup>36</sup>, which contains personal stories of women with cancer and their caregivers, Jewish perspectives from traditional and contemporary sources, prayers, songs, poems, rituals, and suggestions for the use, at each stage, of psalms, meditation and visualization, chanting, and *mikveh*, produced by Mayyim Chayyim, a Jewish *mikveh* and community education center in Boston.

A spot check of Jewish skilled-nursing facilities and centers for multi-level senior care indicated that most offer rabbinic chaplains to help meet the spiritual and emotional needs of residents.

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<sup>35</sup> Personal communication, Oct. 18, 2009. NOTE: Zecher was unable to attend the 2005 Gathering due to a snowstorm which made travel impossible. She was interviewed about her congregational efforts after the event and again in more recent years.

<sup>36</sup> "Blessings for the Journey: A Jewish Healing Guide for Women with Cancer," Mayyim Chayyim, 2004.

Counseling, worship services, education, and rituals are provided for residents. No external community education or programming related to Judaism, health, and medicine was found. Community continuing education programs on general geriatric medicine and psychosocial support were offered.

The Program Assessment also did a spot check of medical schools to examine whether they provide Jewish students or groups with education or resources related to Judaism, health, and medicine. Some medical schools do still have Maimonides student groups, which foster informal

*Some medical schools still have Maimonides student groups.*

Jewish education. An ever-growing number of medical schools offer courses in spirituality in medicine and are working to re-humanize medicine. Religion-specific offerings, however, are rarer.

One unique example is Mount Sinai School of Medicine, which announced a partnership with Plaza Jewish Community Chapel that will provide palliative care counseling to patients with kidney disease and dementia, two groups that are traditionally overlooked for palliative care. The goal of the initiative is to provide patients and families dealing with these chronic illnesses an opportunity for expert counseling in the medical, ethical, and spiritual issues that arise.

The Kalsman Institute has described its ASSAF program, which is a course of Jewish learning for Jewish doctors, designed to help them integrate their clinical and spiritual lives. The format was an integrated retreat and online distance education program, which included an opening *Shabbaton*, 10 weeks of *chevruta* (partnered), interactive online learning, and a closing retreat. A pilot of the program, “ASSAF: Judaism, Health and Healing for Clinicians”, was launched in February 2008 in Scottsdale, Arizona, in partnership with Temple Chai (described earlier). It brought together 18 physicians with experienced clinicians, educators, and clergy. Participants reported that they experienced reduced stress, an increased sense of community, and heightened knowledge of Jewish sources on Judaism and health.

Additional programming is occurring throughout North America as congregations reach out to their physicians. Congregations across the country are offering group study sessions, “Dinner for Docs” series, and other opportunities for fellowship and study.

*How are technology and multimedia opportunities in use in the field?*

## MULTIMEDIA HEALING AND EDUCATION

Of interest to the Kalsman Institute is the question, How are technology and multimedia opportunities in use in the field? The program review indicated that, in addition to developing traditional printed materials and resources, some community organizations are developing multimedia tools. “Turn to Me” is a documentary film about *bikur cholim*, produced by the Rabbi Isaac N. Trainin Bikur Cholim Coordinating Council (BCCC) of JBFCS, New York. The purpose of the film is to inspire viewers to participate in the *mitzvah* of *bikur cholim*. The film helps educate viewers about the practice and provides practical guidelines regarding visiting the sick.

The Kalsman Institute learned about an example of a high-tech intervention two years ago. Tuned in to the extreme isolation and depression that can come with chronic illness, one Los Angeles synagogue member started a weekly phone-in Torah study group at Temple Beth Chayim Chadashim (BCC) in Los Angeles. The idea spawned a second offering, a monthly telephone prayer service. About 10 people call in each month, including those who are ill and those who live far away. For the past two years, the congregant has also run a High Holy Days telephone service and has now arranged for a speakerphone to be on the *bima* (reading desk/pulpit) at BCC every week, so that shut-ins can listen and feel connected to the larger community.

Common tools used in and out of the Jewish community include free and easy-to-use Web sites such as CaringBridge, which offers families and individuals the opportunity to write journal updates sent to a broad list of interested community members. A benefit of the site is the emotional catharsis of sharing details of a health journey, along with the practical benefit of sharing information with multiple people at one time, and not needing to repeat news again and again.

Online counseling is a new form of therapy, and thus a comprehensive review has yet to be conducted<sup>37</sup>. However, the benefits and challenges of e-counseling are important to consider as Jewish organizations and chaplains explore this media tool. As with any other online medium, the pros involve a level of ease of access and perceived privacy, while the cons include the loss of face-to-face interaction and a lack of trust. Another online tool seen during the program review is group calendars, which offer a simple way to provide and schedule help in the form of meals, carpool, transportation, etc. One example is Lotsa Helping Hands, which allows a patient's circles of community to organize during times of need.

This Program Assessment is being finalized one week after the death of Debbie Friedman, a beloved and transformational leader in Jewish life, who was a stakeholder and guide in health and healing. Friedman composed contemporary music and language for the *Mi-Sheberach*, a prayer for healing. Friedman is said to have revolutionized Jewish prayer and increased participation and spiritual exploration through prayer and song in the Reform movement and other branches of Jewish life.

A member of the HUC-JIR Los Angeles faculty, Friedman was to have been interviewed for this Program Assessment the very week of her death. For the purposes of this portion of the Program Assessment, it is notable that technology and social networking were employed to inform the community about Friedman's illness and death. Healing prayer circles and vigils were held in person and transmitted through the Internet and were shared by online-only communities. After her death, her funeral and *shiva* were streamed on the Internet and viewed by thousands of friends and fans.

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<sup>37</sup> Cedric Speyer, and Jason Zack, "Online Counseling: Beyond the Pros and Cons." Retrieved online: easna.org, December 28, 2010.

A call to action from the funeral suggested that attendees and viewers participate in Friedman's *shloshim* (30-day period post-funeral) by remembering one memory or song daily, sparking the use of listservs, Web sites, and email chains to share those memories. According to Len Lawrence, director of Mount Sinai Mortuaries in Los Angeles, the use of video and audio technology in funeral and bereavement scenarios is increasing, though is less common in the Jewish community.<sup>38</sup> The outpouring of emotion shared from local and international corners of the Jewish world stretched the use of technology.

Jewish nonprofits, including a few health and healing organizations, such as the Jewish Board of Family and Children's Services (JBFCS) in New York City, the Kalsman Institute (KIJH) in Los Angeles, and Jewish Child and Family Services (JCFS) in Chicago, also starting to use social media sites, such as RSS feeds, Twitter, Facebook, Jumo and a multitude of blogospheres. Many key stakeholders in this field expressed hesitancy to integrate social media into their business agendas because of a distrust in the sites' value and a lack of understanding of how to use them successfully. According to a recent study, "81% of those studied feel that social media is at least 'somewhat important' to their future strategy"<sup>39</sup>.

Among social media benefits are the following <sup>40</sup>:

1. Social media are platforms to listen to what others are thinking, to hear the feelings of community members, to experience unsolicited feedback, and to experience new trends and ideas firsthand.
2. Social media encourage brainstorming from people who actively want to contribute.
3. The sites are able to raise funds and network simply by posting updates and news.
4. Social media such as tweeting, replying to blog posts, and attending webinars save time and funds. They are inexpensive and fast ways of extending networks without attending more costly and time-consuming in-person gatherings, conferences, and meetings than previously budgeted for.

This area of use of technology and multimedia tools is worth further exploration, and study is encouraged.

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<sup>38</sup> Len Lawrence, personal communication, January 3, 2011.

<sup>39</sup> Nora Barnes-Ganim, and Eric Mattson, "Still Setting the Pace in Social Media: The First Longitudinal Study of Usage by the Largest U.S. Charities," University of Massachusetts Dartmouth Center for Marketing Research, 2007.

<sup>40</sup> Alex Miller (vice president of communications, Yext.com, New York), Adina Bodenstein (assistant director, KIJH, Los Angeles, Calif.), and Jacob Burch (director of technology, Mahalo.com, Los Angeles, Calif.), personal communication, November 2010.

## Implications

This Program Assessment, combining program review and key stakeholder surveys, is one of several steps to expanding and promulgating the field of Judaism, health, and healing. The outcomes of this assessment process are threefold:

**Learning:** Kalsman Institute staff gathered and synthesized empirical knowledge about what is happening in the field of Judaism, health, and healing to understand the field and the factors leading to excellence, change, and improvement.

**Distribution:** Using a variety of technologies and means, such as the Web, conferences, consultations, and publications, the Kalsman Institute is providing a forum for the exchange of learning in an accessible manner.

**Application:** The institute is engaging constituents to work collaboratively with lay and professional leadership in the field of Judaism, health and healing and to expand the field.

The learning step is continuing. Unlike purely quantitative research, the institute's challenge is to work in the cultures in modern-day Judaism to explain and help professional and lay leadership, as well as constituents, understand, use, and benefit from the field's offerings.

### *Barriers to Success and Growth in the Field*

Several common requests were made during key stakeholder interviews, to help overcome barriers to success and growth. The most common barriers are overwhelming workload and funding shortages. Several interviewees expressed gratitude to be working at all, in light of the recession noted earlier in the report. That said, many are stretched too thin to achieve the success for which they yearn.

During his key stakeholder interview, Rabbi Joseph Ozarowski, of Jewish Child and Family Services in Chicago, acknowledged that this is a growing field that has slowed not because of the lack of need but because of the economy. In his interview, Rabbi Knobel, of Beth Emet Free Synagogue in Evanston, Illinois, added that this field's greatest weakness is its lack of funding and time.

Several stakeholders requested assistance with marketing. The needs were described in the broadest of terms, including sharing programming among stakeholders and colleagues, spreading the word about programming and sharing best practices. The program coordinators need further knowledge, staff, and financial resources to market the programs themselves. They want to increase awareness of the programs and get the word out to constituents, targeted participants of the programs, and donors, board members, and community leadership. An overarching goal of

the Kalsman Institute’s work is catalyzing writing on programming – scholarly, evaluative, and popular. Programmatic offerings have increased tremendously, but the word is not out.

The topic of marketing also deserves further exploration and education, to include the broadest sense not only of how organizations spread the word about programming but also of how programs are structured, priced, described, and positioned inside and outside the organizations.

### *Recommendations and New Directions*

Several recommendations and new directions are clear after the combined program review and key stakeholder interview process, in order to continue building the field of Judaism, health, and healing.

1. Hold additional dialogue with expanded community
  - a. Promote identification within this field
  - b. Promote the field itself, as well as its offerings
  - c. Explore and promote unified language and definitions of terms commonly used in this field, such as Jewish healing, Jewish spirituality, and health
  - d. Hold additional interviews for continued assessment, including recipients of services and resources
  - e. Continue to conduct needs assessments within local communities to assess health and healing needs
2. Target, mentor, and expand emerging leadership
  - a. Create cross-denominational curricula for seminaries and other centers for continuing education
  - b. Focus on emerging clergy, educators, and other nonprofit Jewish leaders and Jewish healthcare clinicians
3. Actualize requests for education and convening
  - a. Focus on applied and basic research
    - i. Include consultation on how to develop and execute program assessments and evaluations
    - ii. “Research 101” trainings for personnel in the field
    - iii. Further exploration and gathering of program evaluation tools
  - b. Focus on development, fundraising, and fiscal management
  - c. Enhance training on marketing and outreach
    - i. Include traditional areas of publicity
    - ii. Focus additional assessment and training on social media uses and benefits
    - iii. Ensure that staff and lay leadership, and constituents and recipients of services, are knowledgeable about the breadth of offerings
4. Explore interdisciplinary gatherings in all regions of the U.S.
5. Expand interdisciplinary relationships and influences on the field, including but not limited to literature, sociology, anthropology, and the sciences
6. Enhance existing collaborative partnerships and build new teams
7. Include global collaboration, particularly with partners in Israel and South America



8. Survey the general U.S. or North American Jewish population to determine health trends and the needs for health and healing services
9. Consider a full, scholarly review of the health and healing movement's influence on contemporary North American Jewish communal and personal liturgy and prayer

Further significant work would ensure that the current leadership and a new generation of Jewish leaders, including clergy and healthcare clinicians, alongside lay leadership, are engaged in expanding the field of Judaism, health, and healing. The questions, Who else is engaged in this field and does not identify with it? Why? What can be done to promote the field? need more exploration. The conversation needs to include a larger sampling of these leaders, including members of organizations not known to the Kalsman Institute. For instance, no key stakeholder interviews were held with members of the Northwest Pacific Region. Representatives from this region, as well as additional lay leadership, recipients of services and resources, and more representatives of the Orthodox communities must be added to the dialogue.

Other exploratory questions that can be asked are, What field-building elements do stakeholders need in this field? and How will the leadership in this field grow to engage both scholars and lay communities?

Additional recording of history of the last two decades in the field will be important to add these new voices and to review work through new lenses. Emerging leadership must be fostered, and new subsectors of the world of Jewish communal or nonprofit service should be considered to review where health and healing programming, resources, and education might fall. The field of Judaism, health, and healing has made significant natural movement to efforts focused on spirituality and wellness, as well as interfaith community building, and those personnel and volunteers can be tapped to explore why those shifts of focus occurred and to discern what they have learned.

Many Jewish nonprofit professionals bring decades of experience to work in chaplaincy, program development and management, community organizing, and other elements of the work in the field of Judaism, health, and healing. They have not, however, written about their experiences or shared their models of success and the knowledge developed by learning how not to do things. These professionals are encouraged to carve out time to share details of their work, to help build the field.

Many leaders of the field work specifically in Jewish chaplaincy, a subsector that has experienced tremendous growth in the same 20 to 25 years. Many opportunities for research and writing are being explored. The National Association for Jewish Chaplains convened its annual conference in January 2011, and the theme of the conference was professionalizing the field of Jewish chaplaincy. Many chaplains were engaged in discussing standards of care, evidence-based practice, measurement, and evaluation. Study is beginning in acute-care settings, as well as in short- and long-term care facilities.

In all, the field of Judaism, health, and healing has clearly moved beyond its first organizational stages and into a more mature and sustaining stage of organizational life development. Interdisciplinary members of the field must now understand a lay of the land of the field and

affirm the value and need for services, responses, and resources for those struggling with illness and loss, and searching for growth, wholeness, and wellness. Programmatic offerings are more robust, diverse, and far-reaching than ever before. The potential exists to celebrate existing successes and achieve continued entrepreneurial and creative solutions to meet the needs of the Jewish community, grounded in history and scholarship.

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## Appendix

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1. Citation List
2. Additional Professional Leadership
3. Full Interview Summaries
4. Program Review: List
5. Program Review: Pullout
6. Program Sampler



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## Additional Professional Leadership

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During the course of our interviews, the stakeholders were asked to identify individuals they personally viewed as the key players within the field of Judaism, health, and healing. The individuals we identified arrived at the following list.

\* The asterisk identifies those key players the authors already interviewed as key stakeholders.

1. Address, Richard, Rabbi, DMin, Consultant-Specialist, Union of Reform Judaism Caring Community and Family Concerns, New York\*
2. Asekoff, Cecille, Executive Director, National Assn. of Jewish Chaplains, New York
3. Cowen, Rachel, Rabbi, Chair, Jewish Spiritual Care Professional Advisory Task Force, Caring Commission, UJA-Federation of New York, New York
4. Cutter, William, Rabbi, PhD, Steinberg Emeritus Professor of Human Relations and Emeritus Professor of Modern Hebrew Literature and Education, HUC-JIR/LA, and Founding Director, KIJH, California\*
5. Dorff, Elliot, Rabbi, Rector, Sol & Anne Dorff Distinguished Service Prof. In Philosophy, Co-Chair Bioethics Dept., Ziegler School of Rabbinic Studies, AJU, California
6. Feinstein, Ed, Rabbi, Valley Beth Shalom, California
7. Fenner, Natan, Rabbi, Staff, Bay Area Jewish Healing Center, California
8. Flam, Nancy, Rabbi, Director, Institute for Jewish Spirituality, New York
9. Friedman, Dayle, Director, Hiddur: The Center for Aging & Judaism, Pennsylvania\*
10. Friedman, Debbie, Instructor in Music, School of Sacred Music of HUC-JIR/NY, New York
11. Friedman, Michelle, Chair, Department of Pastoral Counseling, Yeshivat Chovevei Torah Rabbinical School, New York\*
12. Gold, Shefa, Rabbi, Founder, C-Deep, New Mexico
13. Kessler, Susie, Makom Program Director, Jewish Community Center in Manhattan, New York
14. Karff, Samuel, Rabbi Emeritus, Congregation Beth Israel, Associate Director of the John McGovern Center for Health, Humanities and the Human Spirit and Visiting Professor in the Department of Family Medicine at the University of Texas Medical School in Houston, Texas
15. Korn, Benjamin, MD, Israel
16. Kaufman Dosick, Ellen, MSW, LCSW, The Soul Center for Spiritual Healing, California

17. Leiner, Roberta, CSW, Managing Director, Caring Commission, UJA Federation of New York, New York
18. Levin, Jeff, Director, Program on Religion and Population Health (PRPH), Institute for Studies of Religion, Baylor University, Texas\*
19. Pargament, Kenneth I., PhD, Professor of Psychology, Bowling Green State University, Kentucky
20. Prince, Michele, LCSW, MAJCS, Director, Kalsman Institute\*
21. Ramon, Einat, Rabbi, Dr. Lecturer, Jewish Thought and Literature, Jewish Feminism Schechter Institute of Jewish Studies
22. Rosenthal, Susan J., LCSW, Coordinator, National Center for Jewish Healing, JBFCS\*
23. Rosner, Fred, MD, NY
24. Silverman, Howard, Education Director and Clinical Professor of Family and Community Medicine and Basic Medical Sciences, Program in Integrative Medicine, University of Arizona College of Medicine in partnership with Arizona State University
25. Sokoll, Marjorie, BSW, MEd, Director, Jewish Healing Connections, Jewish Family & Children's Service
26. Springer, Mychal, Rabbi, Associate Dean and Director of Field Education of the Rabbinical School, Helen Fried Kirshblum Goldstein Chair in Professional and Pastoral Skills, Jewish Theological Seminary\*
27. Stern, Shira, Rabbi, DMin., BCC, Founding Director, Center for Pastoral Care and Counseling
28. Wax, Pamela, Spiritual Care Coordinator, New York-Westchester Jewish Communal Services
29. Wiener, Nancy, Clinical Director of the Jacob and Hilda Blaustein Center for Pastoral Counseling, HUC-JIR, NY
30. Weintraub, Simkha Y., Rabbi, LCSW, Rabbinic Director, NAJC
31. Weiss, Avi, Rabbi, Founder and Dean, Yeshivat Chovevei Torah Rabbinical School
32. Weiss, Eric, Executive Director, Bay Area Jewish Healing Center
33. Wolpe, David, Rabbi, Sinai Temple, Los Angeles
34. Young, Malka, LCSW, Communal Services Manager, Jewish Family Service of Metrowest



35. Zoloth, Laurie, PhD, Professor of Medical Ethics and Humanities, Feinberg School of Medicine and Bio Ethics, Northwestern University Program in Medical Ethics and Humanities
36. Zohar, Noam, Director, Graduate Program in Bioethics, Bar Ilan University, Israel



## Full Interview Summaries

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### *Interview Questions*

1. Tell me a little bit about your work at \_\_\_\_\_?
2. How long have you been at \_\_\_\_\_ in this capacity? Can you tell me a little bit about why you chose to become involved with the \_\_\_\_\_.
3. What field do you classify yourself as being part of? What professional skills do you bring to the field?
4. Do you consider yourself a part of field of Judaism, health and healing?
5. If so, how do you define your organizational role within this field/movement/arena?
6. If not, why?
7. Describe your overall perception of the field of Judaism, health and healing as it stands today.
8. How do you see your organization contributing to this movement?
9. Share some details about how your organization integrates Jewish religion/spirituality and health/healing on a day-to-day basis.
10. Might you share some details about how you personally integrate...
11. What is your definition of Jewish healing?
12. What measures do you believe need to be taken to ensure the field of Judaism, Health and Healing's growth and sustainability?
13. What do you view as the key strengths of the field?
14. Where do you see holes within the field?
15. Who do you believe are key players within this field?
16. Do you and/or your organization currently collaborate with any of these key players?

### *SWOT (via questionnaire):*

1. In your role what modalities do you use? Could you tell me a little bit more about that? What sort of modalities do you use (dialogue, song, fitness, cooking etc)
2. What is your vision for the future of your organization?

3. What populations do you address?
4. How were the program goals (and objectives, is applicable) established? Was the process effective?
5. What is the program's progress toward achieving its goals?
6. Has your program been able to accomplish its goals? In full? In part? Describe?
7. What kind of support and training do you need?
8. What is your program's biggest strength? Weakness?

Strength:

Weakness:

9. Do you feel your program is supported?
10. Do personnel have adequate resources (money, equipment, facilities, training, etc.) to achieve the goals?
11. Discussion around applying for grants.
12. What are some of the obstacles your program faces?
13. Does your program measure its successes? If so, what are the benchmarks?
14. How long have you been at \_\_\_\_\_ in this capacity? Can you tell me a little bit about why you chose to become involved with the \_\_\_\_\_.
15. What field do you classify yourself as being part of? What professional skills do you bring to the field?
16. Do you consider yourself a part of field of Judaism, health and healing?
17. If so, how do you define your organizational role within this field/movement/arena?
18. If not, why?
19. Describe your overall perception of the field of Judaism, health and healing as it stands today.
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26. Where do you see holes within the field?
27. Who do you believe are key players within this field?
28. Do you and/or your organization currently collaborate with any of these key players?

## *Interviews*

*Address, Richard, Rabbi DMin Director URJ, Jewish Family Concerns*

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### **Programmatic Summary**

Jewish Family Concerns was developed in the 1980s to work with congregations on the broad spectrum of the “changing Jewish family.”

The dynamic changes in family systems and the relationship of those families to the congregation has made Caring Community a major programmatic thrust of the Union. The concept was designed to create a program and caring environment that is tailored to the culture of a congregation.

Currently, Rabbi Richard Address serves as the only consultant/specialist in this area. He works to develop programs for Reform congregations to create a “caring community”—programs on health, wellness, and aging (including mental, physical and spiritual health). This may include diverse issues such as bioethical decision making, disabilities etc.

Rabbi Richard Address first joined the Union for Reform Judaism staff as Regional Director of the Pennsylvania Council in 1978 and developed and founded the department of Jewish and Family Concerns in 1997. In addition to working for the URJ, he serves as a traveling consultant in this specialized arena.

In order to reach congregations, he gives presentations and promotes dialogue. He works organically with lay people to reach their goals. Every single program that has been created, is a direct response to the going-ons within those synagogues. As of right now, he is still scheduled for congregation visits through March, but strongly acknowledges the fact that there is no staff or budget for what he is working on. He currently does not have the resources to be able to measure his successes and is frustrated by trying to figure out how to start an evaluative process.

## **Field Classification**

Rabbi Richard Address considers himself part of the rabbinic field. He brings with him 38 years of experience, as well as a doctorate of ministry, and a certification in pastoral counseling. He states that all of these fill in and supplement his experience working with congregations.

## **Field Classification: Judaism, Health and Healing**

Rabbi Richard Address believes himself to be the only person within the Reform movement working within the field of Judaism, Health, and Healing on an all-encompassing congregational level. He is trying to help rabbis look at health and wellness on this level. His philosophy is that health and wellness is a family systems issue and should not be dealt with on a strictly individualized basis.

## **Overall Perception of Judaism, Health and Healing**

There has been a slow but steady increase in the amount of interest in this sort of work. If this field is encouraged (such as through the work of the Templeton working group), he believes this field will explode.

## **Programmatic Contribution to the Judaism, Health and Healing**

He is doing the work on a community level. Although Rabbi Richard Address believes academic studies to be valuable, he wants to see more work being done to ensure that the ‘lofty’ studies can be translated and accessible to those working in the field.

## **Personal Integration of Judaism, Health and Healing**

Rabbi Richard Address believes this integration is an important part of his daily life—he tries to follow sports and be cognizant of the relationship between food, exercise, and how to age sacredly.

## **Definition of Jewish Healing**

Rabbi Richard Address defines Jewish Healing as “indefinable.” He believes it changes depending on moments in life and is different for each individual.

## **Strengths/Weaknesses of the Field**

**Strengths:** the people power

**Weaknesses:** lack of a unified theme and vision

## **Suggestions:**

To create a meeting of representatives from all seminaries of Judaism and train future generations to deal with these issues.

To create a wellness curriculum for all seminaries

To create a 3-5 year plan for the field

**Needs:**

To have a systematized research center

To know what everyone's expertise is

*Brener, Anne, LCSW, Psychotherapist, Author and Rabbi, Yedidya*

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**Programmatic Summary**

Rabbi Anne Brener is a rabbi, an LCSW, and a Spiritual Director with her own practice. She experienced loss very early in life and Judaism helped her through that loss in a psychologically sound way. As she learns more and more about Judaism, she knows that this is a way to go about her studies and believes strongly that Judaism, health, and healing are aligned (wholeness, wellness, God, and nature are the roots of Judaism.)

She acknowledges her practice's strength to be the fact that she absolutely loves what she does. She quoted Frederick Buchner stating, "Where our deep gladness and the world's deep hunger meet, we hear a further call." -- Frederick Buechner. She also notes that her biggest weakness is the fact that she can be disorganized and does not measure her successes.

**Field Classification**

Rabbi Anne Brener self-defines as a Rabbi and an academic.

**Field Classification: Judaism, Health and Healing**

Rabbi Anne Brener strongly believes that she is a member of this field. Her goal is to bring healing into the world.

**Overall Perception of Judaism, Health and Healing**

Rabbi Anne Brener believes that this field is "working toward the center," by this she means that the ordination of women helped grow spirituality and pastoral care because this is a more natural movement for women. It is her view that the ordination of women helped theology become more about wholeness and less anthropomorphic.

**Programmatic Contribution to the Judaism, Health and Healing**

She is contributing by helping to delineate healing in Jewish practice.

**Personal Integration of Judaism, Health and Healing**

Rabbi Anne Brener prays, meditates, and writes. She believes the more she cares for herself, the better the work she will put out in the field.

## **Definition of Jewish Healing**

Rabbi Anne Brener's definition of Jewish healing is an alignment with wholeness.

## **Strengths/Weaknesses of the Field**

- n/a

### ***Suggestions:***

- More training for rabbis within this field.

### ***Needs:***

Collaboration

Good leadership

Chaplaincy training

A recognition that there is a need for healing in this world

A changing of the mode of healing from strictly hospital based to community based.

Comfort with the language of spirituality

To stop taking for granted our health

*Cutter, William, Rabbi, PhD., Steinberg Emeritus Professor of Human Relations and Emeritus Professor of Modern Hebrew Literature and Education, HUC-JIR, and Founding Director, KIJH*

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## **Programmatic Summary**

Rabbi William Cutter was the founder of the Kalsman Institute on Judaism and Health. Although in retirement, he recently published a book on health and healing entitled *MIDRASH AND MEDICINE: Healing Body and Soul in the Jewish Interpretive Tradition*, teaches coursework in the field, sits on the advisory committee for UCLA's Pastoral Education Board, is on the bioethics board for Cedar Sinai Medical Center, and speaks around the country on poetry, Judaism, and health and more.

## **Field Classification**

Rabbi William Cutter classifies himself as a Rabbi, an academic, and a chaplain. In his work, he contributes a link between literature and the healing professions, strong rabbinic instinct and an understanding of approaches within bioethics.



## **Field Classification: Judaism, Health and Healing**

He very much sees himself as a part of this field—in fact he believes himself to be a leader within the field.

## **Overall Perception of Judaism, Health and Healing**

Rabbi William Cutter’s overall perception of the field of Judaism, health and healing is that it is still evolving—both in the practical and academic spheres.

## **Programmatic Contribution to the Judaism, Health and Healing**

His work has been to be the bridge between clinical pastoral work and the academic world.

## **Personal Integration of Judaism, Health and Healing**

Rabbi William Cutter, expresses that “...illness is an inherent part of humanity and is an essential component of how the world operates; Kalsman adds to the understanding of this discussion.” He discusses how illness can be necessary and death can be a friend (such as in the release from pain) and that it is his personal goal to bring in literature, research, and Judaism into his, and his friends’ understanding of the healing process.

## **Definition of Jewish Healing**

Jewish healing is “a working towards fullness.”

## **Strengths/Weaknesses of the Field**

**Strengths:** People look at health as more than just medicine. They look to it as healing.

**Weaknesses:** “Our weakness is that we have to be able to demonstrate to our trustees why this work is effective but I believe that most of the effective pieces are immeasurable.”

**Suggestions:** In order to sustain the field, Rabbi Cutter believes that we need to educate the public not to look solely at ways to measure success quantitatively. We have defined statistics of ‘curing’ to the end-all-be-all. We have to know that measurement is only half of the story.”

**Needs:** funds and time

*Epstein, Rabbi Nancy Epstein, Rabbi- Jewish Reconstructionist Federation (JRF)*

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## **Programmatic Summary**

Rabbi Nancy Epstein is the Director of Congregational Relations for the Jewish Reconstructionist Federation. She is in charge of crisis management, providing resources, and consulting for Reconstructionist synagogues across the 8 regions that the JRF serves.

Before becoming involved with JRF, she was in public health for 30 years. She believes that working with congregations offers her the chance to merge her skills as a public health worker with her interests in Judaism.

### **Field Classification**

Public Health professional

Rabbinite

Chaplaincy

Organizer

Program Planner

Evaluator

Network/coalition builder

Educator

Consultant

Policy Analyst

Assessor

Strategic Planner

### **Field Classification: Judaism, Health and Healing**

Rabbi Nancy Epstein considers herself a part of this field. In addition to her work at JRF, she teaches doctoral classes at Drexel around public health and Judaism. She feels involved in the field of religion and health, not solely Judaism and health, but is very interested in it. She also noted that Jeff Levin is her long-time colleague.

### **Overall Perception of Judaism, Health and Healing**

Rabbi Nancy Epstein's view of the field is that it has the capacity to affect and influence the Jewish community at many levels (individually, in small groups and at the societal level) but that the field is currently in its 'toddler' stage of development. It is in the threshold of blossoming but still blustering along.

### **Programmatic Contribution to the Judaism, Health and Healing**

Within her role, the organization involves itself in this movement by training congregational affiliates and through community engagement and strategizing efforts. JRF does a lot of work around health policy, and advocates doing *tikun olam* (as a way of healing self and world).

## **Personal Integration of Judaism, Health and Healing**

Rabbi Nancy Epstein believes that this is all interconnected and that everything she is doing for the movement affects her.

## **Definition of Jewish Healing**

Jewish healing is the integration of the physical, emotional, spiritual, and the Jewish people.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

Holistic

### **Weaknesses:**

Spirituality is not an accepted topic

Further integration needs to happen

Individuals do not know the depth of the wisdom around health within Judaism

### **Suggestions:**

Find out what Rabbis and chaplains are currently doing in terms of pastoral work

Find out what healthcare professionals are doing in the way of spiritual/religious engagement

### **Needs:**

Further integration

*Fenner, Natan, Rabbi Bay Area Healing Center*

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## **Programmatic Summary**

Rabbi Natan Fenner's work at the Bay Area Healing Center provides spiritual care to Jews at the end of life and in long-term care. The Bay Area Healing Center works with those facing loss, grief and death. He also works to help Jewish and non-Jewish institutions better support and be sensitive to Jewish patients and populations. He does this through conferences, retreats, resources and consultations. At the Bay Area Healing Center, Natan utilizes dialogue, prayer, song, meditation, counseling, music, movement, body-work, nature, humor and dance when working with his population base.

Rabbi Fenner has been at the Bay Area Healing Center since 2000. He came into the Rabbinate to do chaplaincy and healing work and the opportunity presented itself to become a part of this field.

He states that the Bay Area Healing Center is contributing to the field of Judaism, health, and healing through local as well as regional and national activities. The Bay Area Healing Center helps increase the national store of writing available for this field and develops collaborative models for volunteers.

Rabbi Fenner states that program goals and objectives were established based on the founders' views for the organization and that these goals are revisited regularly based on community members' needs at staff meetings, as well as staff retreats. The program staff works together well, is reflective, and uses evaluation tools for strategic planning efforts. He states that the organization is full of hard-workers with mature attitudes, and that their biggest weakness (other than the fact that they could always use more funding) is that he has a hard time articulating a weakness at all. He believes that the fact that he cannot articulate this is something to be noted and a problem he is going to consider further.

### **Field Classification**

Chaplaincy

Spiritual Care provider

Rabbinite

To all of these fields, he brings clinical understanding, Jewish resources, a pluralistic perspective, an empathetic ear, calm and nonjudgmental listening skills, and a solid background in community planning and inter-organizational skills.

### **Field Classification: Judaism, Health and Healing**

He believes himself to be a part of the field of Judaism, health and healing. Rabbi Fenner defines his organizational role within this field as bringing strong liturgical skills, writings, thinking, and being highly involved in 'sharing voices' and 'building bridges' within the field.

### **Overall Perception of Judaism, Health and Healing**

Rabbi Fenner acknowledges the diversity of the field of Judaism, health and healing. He says it is spiritually diverse, transdenominational, interdisciplinary, and bridges diverging experiences and personal backgrounds. He calls it a "field" and not a movement because it is amorphous and is still developing, gaining consciousness, and obtaining resources. He states that it has, however, increased in visibility in the past 20 years and that the creation of this field is key to mainstreaming this concept of 'Jewish healing.'

### **Programmatic Contribution to the Judaism, Health and Healing**

The Bay Area Healing Center is dedicated to providing Jewish spiritual care for those living with illness, for caregivers, for the bereaved through direct service, education and training, and resources. The Bay Area healing center was established in 1991 as the nation's first Jewish healing center. It provides chaplaincy and support services regardless of affiliation or financial resources.

## **Personal Integration of Judaism, Health and Healing**

For Rabbi Fenner, there are not many places in his life where Judaism, health, and healing do not converge. He is always integrating these both personally and professionally and is always pursuing Jewish healing through spirituality.

### **Definition of Jewish Healing**

Healing is a journey toward a greater sense of ‘shalom’ (peace, wholeness in the collective and in personal life). Some examples of this are:

healthcare advocacy and justice work

Jewish doctors doing work with a consciousness

Individual experiences

### **Strengths/Weaknesses of the Field**

#### **Strengths:**

Deep valuing of the work

Strength affirming

Maturity

Confidence

Broad-based interest

#### **Weaknesses:**

Aren't able to diffuse/disperse knowledge

No knowledge of what the people need

#### **Suggestions:**

The issues need to be deepened and expanded through communication and networking (such as regular gatherings to structure conversations and promote broader learning).

#### **Needs:**

More collaboration/communication

Need-based survey of the field

Further curriculum for Rabbinical students in Judaism, health and healing

## **Programmatic Summary**

Rabbi Dayle Friedman is the founder and Director of the Hiddur: The Center for Aging and Judaism through the RRC. The Center's mission is to prepare rabbinic students to serve the aging Jewish community. This is done through dedicated academic courses, co-curricular programming, required internships and clinical supervision. She founded Hiddur in 2003, and before that was working for a geriatric center. There, she realized that she did not have the training to prepare her to work with the Jewish aging population and so in 1989 created a course at the RRC on this and her program expanded from there.

For her work with training Rabbis to work with the Jewish geriatric community, she uses Jewish concepts, narratives, practical experiences, role-play and case-studies. Since she began her work, she has seen students become more and more engaged and excited about this field's work. Hiddur's weakness is not in its students or studies, but in its limitations due to resources and the fact that aging is still a stigmatized issue. She has noted, through evaluative processes, that these attitudes are changing, but there is still a long way to go.

## **Field Classification**

Rabbinate

Chaplaincy

Healing

Spiritual Direction

Religion and Aging

Medical Ethics

To these fields, she brings a connection to Judaism in the widest sense and a capacity to draw on Judaism as a source of inspiration.

## **Field Classification: Judaism, Health and Healing**

She believes herself to be a part of the field of Judaism, health and healing as well. Rabbi Dayle Friedman disclosed that she believes she brings solid thinking to the field. She is helping to build this new field and is able to draw on Jewish traditions and offer a conceptual framework.

## **Overall Perception of Judaism, Health and Healing**

Her overall perception of the field is that it has many components: Jewish pastoral care, Jewish healing, Jewish spiritual direction, and Jewish funded health services. She notes that all are interconnected but thus far do not work well together.

## **Programmatic Contribution to the Judaism, Health and Healing**

Hiddur helps train Rabbis to be connected to this work.

## **Personal Integration of Judaism, Health and Healing**

Rabbi Friedman tries to live as deep and as bounded a Jewish life as possible and knows that her Judaism sustains her in the face of brokenness and illness.

## **Definition of Jewish Healing**

Jewish healing is the spiritual practice of being present and become whole in the face of brokenness.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

There has been a shift in attitude that promotes this field within the past 20 years

It attends to the social dimensions of being a Jew

### **Weaknesses:**

Might be premature to call it a “field”

The field is interdisciplinary and there is not enough collaboration.

### **Suggestions:**

Don't be too grounded in past research on religion and health (take it for what it is and do our own Jewish work)

Look at chaplaincy with a critical eye (norms might not be great for the Jewish culture/community)

Be discerning and questioning

### **Needs:**

Needs more research

more exploratory

to connect its divergent parts

to understand the spiritual, the Jewish and the health

Needs some good thinking

### **Programmatic Summary**

The goal of the Pastoral Counseling Program at Chovevei Torah is to help Rabbis become first responders in any realm of human experience. In order to be that, Rabbis should have 1) basic skills and awareness to view human distress 2) to be aware of their own triggers 3) to be able to use themselves fully as healing persons (and build into this a sense of self-care at the same time).

Dr. Friedman has been working with the Department of Pastoral Counseling since its inception at Chovevei Torah ten years ago. She is personally very connected with Judaism and the opportunity to meld her interests in healing and Judaism was extremely attractive.

She feels extremely blessed that the Rosh Yeshiva and Dean, Rabbi Dov Linzer and Rabbi Avi Weiss, the founder of Yeshivat Chovevei Torah are extremely supportive of her work and hopes to expand it further in the future.

### **Field Classification**

Psychiatry

Psychoanalysis

Interviewing, interplay of culture and mind, analysis are skills that she brings to these fields.

### **Field Classification: Judaism, Health and Healing**

Dr. Friedman does not currently view Judaism, Health and Healing as a field, but she is absolutely committed to helping this interdisciplinary work become a field.

### **Overall Perception of Judaism, Health and Healing**

Her perception is that it does not truly exist yet but it is being established.

### **Programmatic Contribution to the Judaism, Health and Healing**

Dr. Friedman views Yeshivat Chovevei Torah as a pioneer in the field. Her department teaches how to deal with the practicality of life events from a Jewish perspective (from end of life issues, to adoption to miscarriage).

### **Personal Integration of Judaism, Health and Healing**

She personally integrates these through exercise, yoga, and personal reflection time.

### **Definition of Jewish Healing**

Dr. Friedman does not use the language “Jewish Healing,” but rather believes the language to be “Jewish comfort/Rabbinic comfort/counsel.” She sees it as being a matter of “keeping people company in a Jewish way while life goes on.”



## **Strengths/Weaknesses of the Field**

### **Strengths:**

Sense of gratification/potential for healing/comfort

### **Weaknesses:**

Members of the Rabbinate do not perceive themselves as having the ability to be vulnerable with their congregants. Dr. Friedman described this as, “hardness within the Rabbinate.”

Rabbinate does not yet have the basic tools to recognize signs and symptoms of human need

The fact that pastoral counseling is not at the forefront of everyone’s mind is a huge gap.

### **Suggestions:**

Seminary and post-seminary curricula should be developed

Regular peer-supervision with clergy in the community (does not need to be Jewish)

### **Needs:**

People need to care about it and realize that it is a huge part of the work clergy does

Time

Funding

Seminary and post seminary curricula and support

Knowing the availability of support is out there

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*Glickstein, Barbara, RN, MPH, MS, Co-Director Center for Health, Media and Policy*

## **Programmatic Summary**

Ms. Barbara Glickstein is a public health nurse executive, health policy expert and broadcast journalist. She is the co-founding director of the Center for Health Media and Policy at Hunter College, City University of New York. For the past 25 years, she has produced and hosted “Healthstyles,” an award-winning, weekly program on public radio in New York City. Ms. Glickstein views her radio program as a public health practice, providing ongoing coverage of issues that make a difference in our everyday lives. Ms. Glickstein co-founded and served as Director of the Continuum Center for Health and Healing at Beth Israel Medical Center in NYC, the largest academic integrative health care center in the United States. Her work has been honored many times, including awards from the American Academy of Nursing, the New York City Public Health Association, and the Association of Healing Health Care Projects Leland R. Kaiser Founder’s Award. In 2009, she was chosen by The Women’s Media Center (WMC) for

the Progressive Women's Voices program and was profiled as one of 30 extraordinary women making history.

She is on the Editorial Board of the American Journal of Nursing and co-author of *"The Role of Media in Influencing Policy: Getting the Message Across in Policy and Politics in Nursing and Health Care."*

Ms. Glickstein is also on the Board of Project Keshet, a women's advocacy organization working in 160 communities across Russia, Ukraine, Belarus, Moldova, Georgia, Kazakhstan, Israel and the United States.<sup>41</sup> She recently wrote the health curriculum for their Beit Minah program, in which Jewish women teach Torah/text through activism. Her nursing degree has helped her to work with Rabbis to coordinate learning around health and wellness and Judaism.

Her activism focuses primarily in the areas of health care advocacy, gender inequality, religious and ethnic intolerance, trafficking in women and women's health.

### **Field Classification**

Ms. Glickstein identifies within the fields of public health nursing, broadcast journalism, and urban planning.

### **Field Classification: Judaism, Health and Healing**

She very much identifies with the field of Judaism, health and healing in her professional life.

### **Overall Perception of Judaism, Health and Healing**

Nationally, there has been a move to become more sensitive to spirituality in dealing with issues of chronic illness, death, and dying. She sees this as a movement that is becoming more accepted nationally, but one whose growth is quite uneven currently.

### **Programmatic Contribution to the Judaism, Health and Healing**

Ms. Glickstein is on the advisory committee for pastoral care at Beth Israel Medical Center, is published in the areas of nursing and wellness, was an advisor for synagogue 2000, was on the board of NIJH, is a speaker for Judaism and healing, and broadcasts and writes in this arena.

### **Personal Integration of Judaism, Health and Healing**

In her personal life, she integrates these areas through personal prayer and Tehillim, finding solace in being part of a world bigger than just herself.

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<sup>41</sup> Glickstein, Barbara: Personal Biography

## **Definition of Jewish Healing**

Jewish healing and Jewishly-identified spirituality are significant components to a sense of well-being. As a nurse, she recognizes that many people feel well, whose bodies are not well, and vice versa. She believes spirituality to be a part of the continuum of health and wellness.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

strong leadership

accessible

### **Weaknesses:**

people only connect to this when they are having life difficulties—this is limiting

She states that spiritual health is “kind of like brushing your teeth everyday, you need to take care of it so that it is resilient and not only reach for it when you are in a low place.”

### **Suggestions:**

- Utilize social media and journalism

### **Needs:**

- Better marketing efforts

*Kalish, Naomi, Rabbi President elect of NAJC*

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## **Programmatic Summary**

President elect, Rabbi Naomi Kalish stated that NAJC, founded in 1989, strives to enhance the skills of Jewish Chaplains in order that they might provide quality Jewish religious and spiritual care. She is in a 2 year term, as president elect that will turn into a 2 year presidency, and a 2 year past-presidential term. As President, she will coordinate Yom Irun, head an executive committee, and represent the NAJC. She has been with the NAJC as a board member for four years and wanted to be more involved.

The NAJC casts a wide net, working with different Jewish affiliations in long-term care organizations, hospitals and nursing homes. In the future the organization hopes to expand to serve both the military and the police. As of now, goals aren't always met because the staff is stretched too thin. In order to work on this, they are discussing applying for more funding through grants. Currently they do not measure their successes but they know they are very successful as they have created a Jewish context for standards and credentialing of Jewish chaplains.

## **Field Classification**

Doctoral student at NYU (research on the history of chaplaincy)

CPE supervisor

Chaplaincy

Rabbinates

Trainer

Rabbi Kalish brings pastoral skills (listening, responding, care giving at the bedside, caring for families and staff) as well as ethics consultation and a fluency/language in spirituality to these fields.

## **Field Classification: Judaism, Health and Healing**

Rabbi Kalish believes that hospital-based chaplaincy is at the intersection of Judaism, Health and Healing—meeting people in the moment and helping them to address the experience in that moment and emerge transformed.

## **Overall Perception of Judaism, Health and Healing**

Her overall perception is that the field is made up of many types of organizations/groups including chaplains, bereavement groups, healing centers, NPOs, educational centers, research teams, seminaries and pastoral counseling centers.

## **Programmatic Contribution to the Judaism, Health and Healing**

On a daily basis, the NAJC improves outreach to grow the personal touch of Judaism, health and healing. The NAJC contributes to the movement by providing for CPE, being a forum for engaging in dialogue around ideas and through bioethical discussions.

## **Personal Integration of Judaism, Health and Healing**

Rabbi Naomi Kalish shared that her personal integration involved trips to Israel and praying with both her staff and her community.

## **Definition of Jewish Healing**

She defines Jewish Healing as the healing of the body and the soul. Healing the soul could be the sense of meaning (believing) as well as behavior (social justice).

## **Strengths/Weaknesses of the Field**

### **Strengths:**

Pastoral care has become a key factor

The Spiritual Care Collaborative has provided a louder voice for chaplaincy

### **Weaknesses:**

People are overworked

There isn't a lot of status in the field

### **Suggestions:**

Dialogue between chaplains, doctors, social workers, and nurses

More research should be done

### **Needs:**

More funding

Relationship building

Greater sense of integration/collaboration with the healing team

Need more education around what Jewish pastoral education is

Need more research

Consultation on how to run program assessments/evaluations

*Knobel, Peter S., Rabbi Beth Emet, The Free Synagogue*

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## **Programmatic Summary**

Rabbi Knobel works with Beth Emet Free Synagogue within the field of Judaism, health and healing. He works on a series of prayer and support groups, adopted Debbie Friedman's M'sheberach many years ago, and his congregation is involved with the Just Congregations Project.

Rabbi Knobel has long since identified with the 'healing movement,' back when it was called R'feinu. His congregation is currently contributing to the field with their Just Congregations Project, a congregational volunteer support of a soup kitchen, and their national efforts to put together the Mishkon T'filo prayer book.

## **Field Classification**

Bioethics

Rabbinite

Rabbi Knobel brings with him 41 years of experience within the rabbinite as well as a doctorate in Aramaic and an education from HUC. He was also involved with Rabbi William Cutter and the Bioethics Group of the Society of Jewish Ethics (formerly known as the ACJB) during its early days.

### **Field Classification: Judaism, Health and Healing**

He considers himself a part of the field of Judaism, health, and healing and states that every aspect of his work is a combination of Judaic studies and healing.

### **Overall Perception of Judaism, Health and Healing**

Rabbi Knobel's perception of this field is that it is in its infancy and is underserved.

### **Programmatic Contribution to the Judaism, Health and Healing**

His congregation is currently contributing to the field with their Just Congregations Project, congregational volunteer support of a soup kitchen, and their national efforts to put together the Mishkon T'filo prayer book.

### **Personal Integration of Judaism, Health and Healing**

Rabbi Knobel leads a rich prayer life, and engages through his rich teaching practices and bioethics work.

### **Definition of Jewish Healing**

Jewish healing brings both the spiritual and ethical dimensions of health and healing to the synagogue on a programmatic level and weaves into pastoral involvement with the congregants.

### **Strengths/Weaknesses of the Field**

#### **Strengths:**

- Judaism's long history of dealing with questions of health, ethics and healing.

#### **Weaknesses:**

Many people concerned with these issues do not see a connection between what they do (be it in the rabbinite or in the medical realm) and Judaism or health respectively.

Lack of layperson buy-in

Sustainability

Resources/Time

### ***Suggestions:***

Kalsman conferences and continuing education courses to address these issues and advance training

### ***Needs:***

Further training of the Rabbinate and lay people to see this intersection can bring them.

Encouraging people to live healthy lifestyles and to create an environment which helps rather than harms.

*Kolodny, Debra, President of ALEPH-Alliance for Jewish Renewal*

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### **Programmatic Summary**

Ms. Debra Kolodny is the President of ALEPH. ALEPH is housed within the Jewish Renewal Movement and strives to reach out, engage, and inspire any Jew that has a desire to have a creative, practical, and experiential connection to Judaism. Within ALEPH there are 45 community affiliates worldwide and has a rabbinic association that is trans-denominational.

ALEPH holds an annual Kallah, training programs on eldering, chanting and davening, puts out publications (including 3 siddurim) and conducts outreach. Ms. Kolodny stressed that ALEPH is extremely open and welcoming of LGBT, interfaith families and individuals of other faiths within their community.

Ms. Debra Kolodny has been with ALEPH for the past seven years. She decided to become involved with them because when she was a lay member, the work of the organization really resonated with her and began volunteering. Before working with ALEPH she did consulting work around labor/management partnerships. As her spirituality grew, she wanted that part of herself to be more of her daily life. She “put it out to the universe” that she wanted a shift and it “came back.”

She hopes that the theological thought developed and taught within Jewish Renewal Seminaries becomes more visible and accessible so that the innovations discussed there can be broadened within the greater expanse of Judaism.

A major strength of ALEPH is the fact that their strategic plan (created 6 years ago) has been effective, and is already being reassessed and evaluated. Many people on the board of ALEPH have organizational backgrounds. The weakness is that the board is trying to figure out how to inspire those indebted to the movement but have not yet given back.

### **Field Classification**

Ms. Kolodny identifies with the “God Field.” The God Field is the intersection between *tikun olam* and *tikun ha lev* (healing the world and healing the heart). She states, “It feels like we’re a vessel where those who are committed to their own personal healing through the use of

complimentary modalities attract others to come to us because of our primary work in the spiritual realm.”

### **Field Classification: Judaism, Health and Healing**

Ms. Debra Kolodny does not identify within the field of Judaism, health and healing. She feels that as an organizational administrator it is harder to hold that identity. She sees the work as more of healing the world in its entirety than something specific to Judaism.

### **Overall Perception of Judaism, Health and Healing**

Ms. Kolodny says that the extent of her knowledge about this field is what she knows of Kalsman conferences.

### **Programmatic Contribution to the Judaism, Health and Healing**

She states that her organization does contribute (more than she does herself) through the integration of healing practitioners into their events so as to attend to the participants’ bodies, minds, spirits and hearts.

### **Personal Integration of Judaism, Health and Healing**

Ms. Debra Kolodny tries to engage in a new spiritual direction once a month. She sees self-care as crucial and integral to growing this field.

### **Definition of Jewish Healing**

Jewish Healing is the healing for Jews who experience trauma through prayer, meditation, chants, spiritual directions/counseling and utilization of Torah.

### **Strengths/Weaknesses of the Field**

#### **Strengths:**

- It got coalesced and has a sense of identity

#### **Weaknesses:**

Not enough marketing done

Not enough research

#### **Suggestions:**

More room for bioethics

More marketing efforts



### ***Needs:***

Practitioners need to see a clear benefit for them to engage in the field

Needs assessment

Help knowing how to inspire those indebted to the movement to translate it into personal supports

*Leiner, Roberta UJA*

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### **Programmatic Summary**

Ms. Roberta Leiner is the managing director at the Caring Commission at the UJA. The Caring Commission is responsible for planning, allocating funds, and convening organizations to care for those in need. She has been working in this capacity for 10 years and truly enjoys it. Ms. Leiner explains that the UJA redefines building a caring community. With the UJA's blessing, Ms. Leiner has been able to elevate the role of spiritual care in helping individuals' mediate their bio-psychosocial issues. She has also been able to support initiatives that incorporate spiritual care as legitimate components of health and human services and in this way re-inspire at the community level.

### **Field Classification**

Ms. Roberta Leiner sees herself at the intersection of human services, health-care and spiritual care. She has experience in planning, program development, social work, and administration. She defines herself as an: *entrepreneurial innovator who has the breakthrough ability to be a radical change agent.*

### **Field Classification: Judaism, Health and Healing**

Ms. Leiner sees herself as a member of the field of Judaism, health, and healing as she has the ability to facilitate both human and financial resources to create new directions, new programs, and new opportunities for field advancement.

### **Overall Perception of Judaism, Health and Healing**

Her overall perception of the field is that it oversees a number of issues that are congruent to the Caring Commission's agenda, but that there ought to be more opportunities to develop best-practices.

### **Programmatic Contribution to the Judaism, Health and Healing**

The Caring Commission funds the initiatives within this field that are based in NYC.

### **Personal Integration of Judaism, Health and Healing**

Her way of integrating these is through the utilization of music.

## **Definition of Jewish Healing**

Judaism is a source of inspiration—history, resources, practices, and texts help find purpose and hope in the face of personal crises. Judaism is transcendent and helps mediate all of these.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

Power of hospice movement and palliative care

Person-specific business

JCAHO recognizing that spirituality needs to be part of healthcare

### **Weaknesses:**

Who are the providers?

What is professional training

Interdisciplinary field

What is the actualization process of the field?

What is the role of laypeople?

### **Suggestions:**

More education about what the intersect is

More research needs to be done

Narrow the amount of silos operating

### **Needs:**

Schools of Social Work need to incorporate spirituality more

*Levin, Daniel E. Rabbi Temple Beth El of Boca Raton*

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## **Programmatic Summary**

Temple Beth El makes Judaism, health, and healing a large priority. The synagogue houses a Health and Wellness Committee, which coordinates shiva minyanim, Bikur Holim, a program called “Been There”, as well as an Addiction Support Team. All of these initiatives are done with the direction and support of a part-time social worker (so as to make sure that both the spiritual and traditional resources are available).

The synagogue is also holding a learning initiative for healthcare workers modeled after ASSAF (with Howard Silverman’s aid and direction). The vision of this initiative is to allocate resources, discuss genetic engineering, engage professionals in hevrutah studies, and, in essence, create a forum on healthcare issues in the congregational setting.

Rabbi Daniel Levin has been with Temple Beth El for a very long time. He actually started his career there, left, and came back in 2004 because he was so in love with the community, “there is a warmth and spirit of engagement here so it feels like a small synagogue even though it is large.” Rabbi Levin describes the synagogue as one that wants to be on the cutting edge—it wants to be a model for community and for the movement.

In the future, Rabbi Levin would like to train more spiritual mentors within the community and empower the congregation to administer itself rather than rely on the rabbi. He feels blessed to have a very creative and effective board to work with him on this vision.

### **Field Classification**

He views himself as being a part of the rabbinical field, and the educational field. His focuses are in pastoral care and relationship building and views himself as a “conductor of the orchestra, rather than a musician,” as he views his role as helping the congregants and assistant rabbi/associate rabbi to make beautiful music together.

### **Field Classification: Judaism, Health and Healing**

Rabbi Levin wants the congregation to draw on the wisdom of this field.

### **Overall Perception of Judaism, Health and Healing**

No response—was unsure.

### **Programmatic Contribution to the Judaism, Health and Healing**

He promotes this by holding meditation services during Yom Kippur, engaging congregants in creative liturgy drawing on healing over Shabbat, working with those in addiction, providing private counseling, and working with JACS.

### **Personal Integration of Judaism, Health and Healing**

On a personal level, he integrates these through personal prayer and accessing traditions and studies. For him, worship is not work—the connections, the ritual, and the traditions provide a connection for healing for him.

### **Definition of Jewish Healing**

Jewish healing is utilizing the sources of Jewish living and ritual to try and find a place of Jewish centering and wholeness. He appreciates the focus on love and shared spirit.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

A willingness to talk about spirituality

The overcoming of the stigma of illness

### **Weaknesses:**

- Need more connectedness in the field

### **Suggestions:**

first or second year medical students sit and talk with first or second year rabbinic students

what does it mean to heal

can you have healing without a cure

### **Needs:**

Connectedness

Continued Education

Pastoral trainers

Conventions

How to measure success formally

*Levin, Jeff, Director, Program on Religion and Population Health (PRPH), Institute for Studies of Religion, Baylor University*

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## **Programmatic Summary**

Dr. Jeff Levin is a research scientist and a religious scholar who writes papers, analyzes data, gives lectures, and advises students, faculty and more. He has been at Baylor in this capacity for a year, and before that was a semi-retired farmer in Kansas. This opportunity to pursue scholarly work at the intersection of religion, spirituality and science as “besheret and has made me one of the leaders within the field of Judaism, health, and healing.”

## **Field Classification**

Dr. Levin is an epidemiologist, a gerontologist, a methodologist and a leader within the field of Judaism, health, and healing.

### **Field Classification: Judaism, Health and Healing**

He very much identifies within this field.

### **Overall Perception of Judaism, Health and Healing**

This field is one that is “cobbling together disparate threads to become a field/qua-field.”

### **Programmatic Contribution to the Judaism, Health and Healing**

He is personally contributing to this field and his institute is enabling him to put time and funding into the work.

### **Personal Integration of Judaism, Health and Healing**

Dr. Levin meditates daily, is involved with healing services, studies Talmud, and has a strong connection to the Jewish community.

### **Definition of Jewish Healing**

Jewish healing is the uniquely Jewish approach to the understanding of the body, wellness and how we heal. Judaism has a unique body of wisdom to draw from for this discussion.

### **Strengths/Weaknesses of the Field**

**Strengths:** Passion and motivation are the key strengths.

**Weaknesses:** The field is still incredibly disparate and the challenge is to bring it together.

**Suggestions:** We should continue to work to build a scholarly field and create a clal.

*Litvak, Richard, Rabbi Temple Beth El*

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### **Programmatic Summary**

Rabbi Litvak has been the senior rabbi at Temple Beth El for 33 years. When he first came to this synagogue, as a rabbinic intern while attending HUC-LA, the synagogue only housed 40 families, since he returned, they have grown to 400 families. Rabbi Litvak has always been interested in the intersection between Judaism, health and healing. His interest lies in the intersection between Judaism and psychology. While he was in Santa Cruz he obtained a Masters in Psychology and became a fully licensed MFT. He has contributed to the CCAR and rabbinic students by training over 350 rabbis in premarital counseling using the URJ's Prepare and Enrich Program.

## **Field Classification**

Rabbi Litvak is a member of the rabbinic field and the field of psychotherapy. He also prides himself on his volunteer work. He is a volunteer on the board of Community Hospital. In this role he helps improve physical, mental, and spiritual delivery outcomes of the hospital.

## **Field Classification: Judaism, Health and Healing**

He self-identifies as a member of the field of Judaism, health and healing. In this role, he has developed an expertise in healing with Jewish tradition and research, and serves as a liaison between the healthcare community and the Jewish community.

## **Overall Perception of Judaism, Health and Healing**

Chaotic.

Not well developed

Hard to access

## **Programmatic Contribution to the Judaism, Health and Healing**

Rabbi Litvak's interest in the relationship between Judaism, psychotherapy and spirituality has brought him to study at the kolot that the UR sponsored for many summers around this intersection as well as to studying how to "find your inner magid."

Many of Rabbi Litvak's drashot are based in research around the intersection between religion and health. In August 2010, he wrote a drash based on Dr. Stephen Post a John Templeton researchers' book, "Why do Good Things Happen to Good People." His drash shows where in Judaism and Jewish tradition the ten aspects of giving that are healing and health producing (discussed by Post), can be found.

In addition to having programs around health and healing, Rabbi Litvak makes sure to write and publish articles about his work. One example of this is his program, *Chevra Kadisha*, which was featured in Reform Judaism magazine. Rabbi Litvak's programs include classes around death, dying, and the afterlife, a Caring Community, a Hospital Caring Community and a Visitation Committee. He makes sure that Jewish Lights pamphlets are available at his synagogue, encourages healing prayers during services, and focuses chevrotah study on matters of health and healing.

Rabbi Litvak addresses synagogue members, community members, and both hospital and hospice communities with his programs. His programs are eclectic, far reaching, and always growing. His vision for the future of his synagogue involves more training and dialogues with members of the psychotherapeutic and medical fields and developing more outreach programs toward seniors. His program goals were established by the rabbinical leadership but are lay lead. He is pleased with the level of work they are doing at their synagogue in Judaism, health and healing, but is looking for ways to do more.

## **Personal Integration of Judaism, Health and Healing**

In his personal life, Rabbi Litvak integrates Judaism, health and healing into his life by meditating and doing yoga. When doing these practices, he feels he is being healed both bodily and spiritually. In addition to “doing,” he also goes to retreats so that he can become a better teacher of mindful meditation practices. While meditating, he tends to focus on chanting, on singing niggunim, and saying the shema.

### **Definition of Jewish Healing**

The healing practices, activities, and knowledge that emerge from the Jewish tradition.

### **Strengths/Weaknesses of the Field**

#### **Strengths:**

“There is a growing intellectual rigor in this field (which also has a lot of quackery.)”

Creativity

A prominent understanding that this is an important part of Judaism and what it has to offer.

#### **Weaknesses:**

Quackery

The delivery of resources to Rabbis.

#### **Suggestions:**

Gather resources and market them to rabbis and congregants through publication, the web, mp3 files, and media as well as conferences.

More trainings

#### **Needs:**

He would like to know more about what is happening in the field: what programs, skill sets, and intellectual resources are available.

*Marder, Sheldon, Rabbi Chaplain Jewish Home*

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### **Programmatic Summary**

Rabbi Sheldon Marder has worked with the Jewish Home in San Francisco since 1999. He became involved with them after working at HUC for ten years and a career in chaplaincy. His time at HUC was the only time during the course of his career that he was not engaged with working with the aging Jewish population, so he was happy to have the natural return to the work.

The Jewish Home is an organization that provides long-term care and short-term rehabilitation to the elderly and ill. They provide for palliative and nursing care as well. The organization is defined by Jewish value, history, and connections and works with Jewish chronically ill individuals and Jewish older adults.

In the work done with the population at the home, text study, artistic, study and “chatting with a purpose” is employed to really get to know the individuals living there. Rabbi Marder feels blessed to be able to have a budget, have his own department, and really have the flexibility to do what is needed (with the wish for more funding as he would always like to expand what he is doing).

### **Field Classification**

Chaplaincy

Rabbinite

To these fields, Rabbi Marder brings knowledge of Jewish tradition, torah, listening, and the skill of being able to translate Jewish tradition into practical and healing expression.

### **Field Classification: Judaism, Health and Healing**

Rabbi Marder views himself as a part of the field. He expressed that he really only knew that he was when he was *told* that he was. Rabbi Marder was recommended to be a part of SERAF by Rabbi William Cutter because of his previous collaboration with the Bay Area Healing Center. He said that it was such a natural intersect that being a part of the field never actually crossed his mind prior.

### **Overall Perception of Judaism, Health and Healing**

“Happy Chaos” is the description that Rabbi Marder gives to describe this field. By this, he means that a lot of people are doing great work, but there is not enough sharing/marketing of what is being done.

### **Programmatic Contribution to the Judaism, Health and Healing**

The organization contributes to the movement because collaboration is not just a personal relationship between one Rabbi and those at the healing center, but rather it is an institutional connection. Everyone in the organization cooperates and is trained in an intentional way to create real relationships that reverberate throughout the home.

### **Personal Integration of Judaism, Health and Healing**

Rabbi Marder’s own parents lived and died at the Jewish Home. His involvement and being conscious of being a part of this changed the way he looks at his own Judaism and made him see it all as a sense of shleimut (or wholeness).



## **Definition of Jewish Healing**

Jewish healing is a sense of shleimut (wholeness) and a coherence of ones belief and practice.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

- The people involved are its main strength and a real indication of what this is

### **Weaknesses:**

Not well marketed

Not tremendously organized

### **Suggestions:**

Collaboration

### **Needs:**

Collaboration

Training in evaluation

*Rabbi Yocheved Mintz, President, OHALAH*

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## **Programmatic Summary**

Rabbi Yocheved Mintz is the president of OHALAH. OHALAH is an acronym for the Hebrew *Agudat Harabbanim l'Hithadshut Hayahadut*, or in English, the Association of Rabbis for Jewish Renewal. OHALAH brings together rabbis and from all denominations within Judaism to bring about the transformation and renewal of Judaism and the Jewish people. OHALAH provides a network of collegial support as well as opportunities for sharing, growing, and learning together in many arenas of Jewish life, learning, and practice.

In addition to her work with OHALAH, Rabbi Mintz is the Rabbi and spiritual leader for a small synagogue in Las Vegas, Nevada called P'nei Tikvah, a community that incorporates social action, dancing, and music into their prayer services. She describes P'nei Tikvah as growing "yiddle by yiddle."

## **Field Classification**

Rabbi Mintz is a frequent guest rabbi at congregations throughout the West and Midwest, is called upon for creative and spiritually uplifting facilitation of life-cycle events, chaplaincy duties, and pastoral counseling.

She identifies as a professional educator, a member of the rabbinate and as a Jewish nonprofit professional.

### **Field Classification: Judaism, Health and Healing**

Rabbi Yocheved Mintz's husband was a physician who was heavily involved and interested in the intersection between health, wellness and Judaism. Her interest was sparked from his fascination. She is incredibly interested and supportive of this field.

### **Overall Perception of Judaism, Health and Healing**

This field is a field that "is as ancient as Maimonides," but the general public is not truly tuned in to this intersection as being its own field.

### **Programmatic Contribution to the Judaism, Health and Healing**

While Rabbi Mintz does contribute on a personal level to this field through her own work in pastoral counseling and integration of healing services, she noted that OHALAH has yet to truly have conversations around how to integrate Judaism, health, and healing. She welcomes suggestions and help in opening up these conversations to her staff and board.

### **Personal Integration of Judaism, Health and Healing**

"If you have a headache, study Torah..." Rabbi Mintz proclaims that studying Torah is her favorite part of the day; studying helps her to relax and center herself. She also prays in the morning, night, and informally during the day.

### **Definition of Jewish Healing**

Jewish healing is the conscious melding of opening the heart and Jewish tradition, and applying it to healing the heart, the body, and the soul.

### **Strengths/Weaknesses of the Field**

**Strengths:** "It works. Period."

**Weaknesses:** "Few people are tuned in to it...I honestly can't name leaders within the field...and people do not realize there is a field."

**Suggestions:** More marketing efforts.

**-Needs:** Help integrating Judaism, health, and healing into OHALAH's programming efforts.

## **Programmatic Summary**

Rabbi Ozarowski worked for over thirty years in the rabbinate before beginning his work at Jewish Child and Family Services. At JCFS, he serves as the Rabbinic Chaplain and is involved with every aspect of the program (working with those dealing with illness, loss and addiction).

## **Field Classification**

- Rabbinic

## **Field Classification: Judaism, Health and Healing**

Rabbi Ozarowski's personal passion is the fact that Torah has something to say for those who are dealing with illness, bereavement, etc.

## **Overall Perception of Judaism, Health and Healing**

This is a growing field that has slowed not because of the lack of need but because of the economy.

## **Programmatic Contribution to the Judaism, Health and Healing**

JCFS is a local program to Chicago, not a national program, but even so they are getting hits for prayer pamphlets online from all over the country and get tons of calls about their programs. He sees JCFS as being a key player in this field and intersection.

He engages in teaching, writing, does one-on-one pastoral counseling, trains Bikur Holim Committees, Nursing Home Committees, does the spirituality piece for a 12 step Torah-Study program, and convenes Jewish chaplains groups for consultation and resources.

Rabbi Joe Ozarowski:

co-leads a support group with Jewish approaches to grief

spoke at Jewish chaplain's group on research for end of life care

led a group that trained grieving for abusive parents

## **Personal Integration of Judaism, Health and Healing**

He is currently engaged in research around the ethics of using feeding tubes in the medical model. He is hoping to integrate his research into his personal experience with his father. He is working through his own grief, and combining Judaic learning and clinical work. This intersection is truly helping him move forward through the bereavement process.

## **Definition of Jewish Healing**

Jewish healing is when we use the resources and tools (custom, law, and spirituality) and combining that with what we need to know in the healing professions to offer people comfort and support in their times of need.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

- That there are so many resources available in Judaism

### **Weaknesses:**

No national connection

### **Suggestions:**

- More of an opportunity to have a discussion between disciplines. He noted, “Nurses and Rabbis never talk.”

### **Needs:**

That we provide what ‘people are searching for’

sense of connection

sense of hope

Marketing

National connection

Training in fundraising efforts

*Prince, Michele, LCSW, MAJCS, Director, Kalsman Institute*

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## **Programmatic Summary**

The Kalsman Institute on Judaism and Health coordinates all pastoral education at HUC-JIR/LA and has an external role to provide workshops, conferences, research, and dialogue at the intersection of Judaism and health.

## **Field Classification**

Ms. Michele Prince is a clinical social worker, a nonprofit manager, and a seminary educator who very much considers herself to be a part of the field of Judaism, health, and healing. She brings assessment, management, and communication skills to these fields as well as a natural curiosity and an eagerness to learn.

## **Field Classification: Judaism, Health and Healing**

Ms. Prince is a member of this field.

## **Overall Perception of Judaism, Health and Healing**

According to Ms. Prince, the field is not currently cohesive, “one hand does not know what the other is doing...”. She also made note of the fact that the field is incredibly under-funded and unrecognized, but that there is great potential for growth because the field is innovative, entrepreneurial and meets needs at both the individual and community level.

## **Programmatic Contribution to the Judaism, Health and Healing**

The Kalsman Institute serves as the “shadchen (natural conveners), we help provide resources and link one another. We are literally trying to build the field, put it on the map, and build a scholarly foundation.”

## **Personal Integration of Judaism, Health and Healing**

Ms. Prince is a strong advocate of self-care and people naturally gravitate toward her with health issues or life-celebrations.

## **Definition of Jewish Healing**

Jewish healing is the “use of the sources, rituals, community and tools within Judaism to approach physical, emotional, and spiritual health.”

## **Strengths/Weaknesses of the Field**

**Strengths:** A few key strengths of this field are that it is meeting a need that was not being met, it meets needs of nontraditional Jews, it brings visibility to taboo topics, and looks at individuals on both a bio-psycho-social lens and through a spiritual lens. In addition to these, members of this field have a collegial enjoyment of one another and truly appreciate one another.

**Weaknesses:** Weaknesses include: a lack of funding, sophistication, and young leadership, as well as uneven growth. Examples of uneven growth are the URJ’s Department of Family Concerns becoming wiped out and healing centers having to abandon their work due to lack of funding/support.

**Suggestions:** In order to sustain the field, a more sophisticated development/fundraising apparatus must be obtained, leadership must come more visible, and a new generation needs to be welcomed into the field.

**Needs:** Research, marketing, and funding.

### **Programmatic Summary**

For the past three years, Rabbi Debbie Prinz has worked as the Director of Member and Program Services for the CCAR. In this role, she provides education for Jewish communal staff and rabbis, she serves an administrative function, offers pastoral guidance for her colleagues and provides referrals to coaches and mentors.

### **Field Classification**

Rabbinate

Education

Rabbi Prinz brings the skill sets of organization, responsibility, conscientiousness, compassion, empathy, caring, hard work, and a willingness to put in long hours to these fields. In addition, she has a strong commitment to the Reform movement and the CCAR itself.

### **Field Classification: Judaism, Health and Healing**

Rabbi Prinz does see herself as a part of the field of Judaism, health and healing and in this role she helps colleagues learn about the resources that are available within the field.

### **Overall Perception of Judaism, Health and Healing**

This work is important not only for Rabbis but for many types of practitioners.

### **Programmatic Contribution to the Judaism, Health and Healing**

The CCAR provides educational resources in this field.

### **Personal Integration of Judaism, Health and Healing**

In Rabbi Prinz's personal life she says 'modei ani' during yoga, eats well and exercises and says the M'sheberach at Shabbat services.

### **Definition of Jewish Healing**

Rabbi Prinz's definition of Jewish healing is that it draws on resources that enable healing and sustainability in our lives and gives voice to the need for healing in our community. There is a strong emphasis on being 'present' and help both the community and the individual.

CCAR already utilizes conventions, seminars, calls, webinars and the CCAR journal to dispense information, and they want to continue to expand educational and professional development programs in these areas. Currently, the CCAR is in the process of re- assessing their objectives with the help of a professional development committee, and the board.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

Qualified, talented, creative, resourceful field

People are starting to understand its relevance/importance

Increased publications

### **Weaknesses:**

Not enough funding

Not enough marketing

Not in the public eye enough

Currently it is sustainable but not stable

### **Suggestions:**

Needs more partnership

Share in developing programs that are appropriate for Rabbis

Evaluation training

### **Needs:**

Evaluation training

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*Rosenthal, Susan J., LCSW Coordinator of National Center for Jewish Healing (JBFCS)*

## **Programmatic Summary**

The National Center for Jewish Healing grew out of the healing movement in San Francisco. The original leadership was made up of Rabbis and healers.

Ms. Susan Rosenthal has been with the JBFC for 10 years and with the NCJH for five years. She decided to involve herself because of her personal journey as a cancer survivor. She was interested in integrating Jewish spiritual care into her work-life.

## **Field Classification**

She classifies herself as being a part of the social work field and classifies NCJH as being part of the field of Jewish Spiritual Care (care as opposed to practice.)

\*Care= concern and support for the self and for others.

### **Field Classification: Judaism, Health and Healing**

Ms. Rosenthal sees herself as a part of the field of Judaism, health, and healing and acts as a convener, coordinator, consultant, mentor, and program developer for the field.

### **Overall Perception of Judaism, Health and Healing**

The organization contributes by “letting people know they can look deeper into themselves and their needs. Healing is about listening with a profound Jewish

### **Programmatic Contribution to the Judaism, Health and Healing**

Consultation and providing materials to the pan denominational group that they serve.

### **Personal Integration of Judaism, Health and Healing**

Ms. Rosenthal integrates these in through prayer, and her human connections within her community.

### **Definition of Jewish Healing**

“Healing is about listening with a profound Jewish ear.”

### **Strengths/Weaknesses of the Field**

#### **Strengths:**

The field is incredibly flexible, believes in diversity (of belief, culture etc), respects uniqueness, tradition, and creativity.

#### **Weaknesses:**

Spirituality and healing are two very nonmaterial and counter-cultural concepts in mainstream Judaism. Conservative Christianity, Christianity in general and Orthodox Judaism more fully utilize and grasp these concepts but even then, it depends on context. The challenge is to work within the culture of the Jewish community to explain and help them see the benefit of this field.

#### **Suggestions:**

- Continue to work on the community level. The field needs to ensure accessibility, visibility and support to the community in a personalized way.

#### **Needs:**

- Finding the proper words/language for the field



## **Programmatic Summary**

Ms. Sokoll's program was started in 1998. It is one of the oldest healing services in the US. She feels connected nationally through an informal network of people that have been working in the field of healing over the many years.

Marjorie Sokoll's Jewish Healing Connections program was created as a reaction to the needs that arrived in the community (it responded to need, not a preconceived notion of need). They work strategically to improve their program by conducting evaluations and assessments. A big strength of the organization is that they are part of a larger organization and so can draw on the resources of that agency to fill a niche.

## **Field Classification**

She identifies within the field of Judaism, health and healing.

## **Field Classification: Judaism, Health and Healing**

See above.

## **Overall Perception of Judaism, Health and Healing**

Ms. Sokoll's perception of this field is that there is a need, and it is expanding, but that people do not know a lot about it yet. In recent years people have become more open to spirituality, but have not opened up to it within a Jewish context yet.

## **Programmatic Contribution to the Judaism, Health and Healing**

Jewish Healing Connections contributes to the movement by coordinating Bikur Holim through a network of fifty-three congregations on how to start a caring community.

Judaism, health and healing is also part of the daily language and culture of the organization. She coordinates self-care retreats for the staff, and organizes healing circle (meditation, inspirational reading, m'shebarach) groups.

## **Personal Integration of Judaism, Health and Healing**

Ms. Sokoll focuses her reading only on books on Judaism, health and healing. Her way of being in the world is grounded in Judaism, spirituality, and healing herself (mentally, physically, emotionally).

## **Definition of Jewish Healing**

Rabbi Nachman's definition "reaching in, up, and out." Reaching into herself, up to god and outward.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

Transdenominational nature of the field is a key strength

Egalitarian

Honoring different approaches

Appealing to both Jewish and Christians

People are open to the mind-body connection now

### **Weaknesses:**

Accessibility

Marketing

### **Suggestions:**

- Would like more opportunities for connectedness

### **Needs:**

Research

Funds

Marketing

*Stern, Shira, Rabbi, Center for Pastoral Care and Counseling*

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## **Programmatic Summary**

Rabbi Shira Stern is the founder of the Center for Pastoral Care and Counseling. Her path to creating the Center for Pastoral Care and Counseling started when she was in rabbinical school at HUC, working with Memorial Sloan in New York doing pastoral work. While she was working at Memorial Sloan, she learned about CPE, but was uncomfortable with the fact that CPE is taught through a Christian lens when it was so easily translated into a Jewish construct.

Rabbi Stern completed her CPE units at the Jewish Institute and eventually left her position there to start her own practice. The Center for Pastoral Care and Counseling is a place where Rabbi Stern works with both Jewish and non-Jewish people who are dealing with end of life issues, rites of passage, and bereavement. She works with individuals who feel alone surrounded by people and helps them to find healing through Jewish texts, lamentations, meditation, psalms, songs, fitness, cooking, humor, and counseling.

Within the construct of her center, Rabbi Stern conducts both pastoral care, which she defines as, “accompanying an individual in their journey,” and pastoral counseling, “meeting an individual at a point and enabling them to move to another point.” Her vision for the future of her organization is that it will grow, but still maintain its flexible nature and is able to adapt to client needs.

### **Field Classification**

Rabbi Stern identifies within the field of chaplaincy first, then pastoral counseling, education, and rabbinics.

### **Field Classification: Judaism, Health and Healing**

“If I want to be laughed at, I would call myself a Rabbi-healer, because that is truly what I would like to be,” Rabbi Stern chuckled. She enjoys learning about the ways in which people are connecting Jewish text to physical, emotional, and spiritual needs.

### **Overall Perception of Judaism, Health and Healing**

Rabbi Stern’s perception of the field is that it is of “post Bar Mitzvah” age. By this she means that now the field is at a place where it can look at its accomplishments and incredible growth and see how the movement is taking on a life of its own. Now more than ever, she believes that we need to make sure that we are not only learning from the “key players,” but looking to the next generation and growing as a movement. “We need to be sure to grow this movement and not become so insulated that we forget why we’re doing what we’re doing.”

### **Programmatic Contribution to the Judaism, Health and Healing**

She contributes to the movement by keeping her methods fresh, innovative, relevant, and maintaining her education and motivation.

### **Personal Integration of Judaism, Health and Healing**

Before going into a hospital room, Rabbi Stern says a prayer she created about kavannah. Saying this prayer centers her and reconnects her, bringing Jewish healing into her own life.

### **Definition of Jewish Healing**

Jewish healing transforms the spirit and points the way to God.

### **Strengths/Weaknesses of the Field**

**Strengths:** N/A

**Weaknesses:** N/A

*Suggestions:*

**Needs:** conferences, broadening understandings

## **Programmatic Summary**

The field education program at JTS started in the summer of 2009 and is connected to Associate Dean Mychal Springer who brought with her an expertise as CPE supervisor.

Program began as a 1 session per week/ 40 week program

Connected with ACPE to get 400 CPE units

Clear need for not only JTS but of all denominations did fundraising and now this is an independent center at JTS

Now they are an accredited CPE center (can run full-time or part-time)

Last fall part-time program not for seminarians but for current clergy (rabbis, priests, and ministers who are currently in the field) who need theoretical background supervision part and can use their own jobs as placements. Sole supervision can also be scheduled with them.

New course will be taught in Fall on Sexuality in Fall and in Spring Pastoral Theology

Certificate in Pastoral Care and Counseling on top of MA will be available.

The program at JTS combines exposure in clinical settings with didactic small group sessions as well as supervision.

Rabbi Steyer has been with JTS since last August. She was recently ordained and holds a Masters in Philosophy. She has a personal appreciation for this program because she held a CPE residency, but her supervisors were not Jewish. She feels it is important to bring Jewish thought/feeling into chaplaincy.

Her vision for the future of the organization is to expand the program and make it attractive to those outside of the seminary, outside of the denomination and perhaps even outside of Judaism. She is excited about the program and knows that it is successful as they use an assessment tool to break down learning goals, objectives and tools through ([www.taskstream.com/pub](http://www.taskstream.com/pub)).

## **Field Classification**

Rabbinite

Philosophical Research

## **Field Classification: Judaism, Health and Healing**

Rabbi Steyer also classifies herself within this field. She states that her contribution to the field is her research, administrative duties, and beginning next year, her educational responsibilities.

## **Overall Perception of Judaism, Health and Healing**

Rabbi Steyer sees this field as a 'field in development.' She believes that JTS having a center for pastoral education makes it a cornerstone for this field as it combines the theoretical with the practical.

## **Programmatic Contribution to the Judaism, Health and Healing**

JTS contributes to this field by providing the opportunity for healing services and for students and faculty to get together to discuss issues around Judaism, health, and healing on an equal basis.

## **Personal Integration of Judaism, Health and Healing**

Rabbi Steyer is a research-minded person so the way that she integrates these in her personal life is through her text study.

## **Definition of Jewish Healing**

Jewish healing is the umbrella concept under which aspects of spirituality and healing fall.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

Chaos has made it dynamic and experimental

Professional programs are starting to exist in pastoral counseling

### **Weaknesses:**

The strength of 'chaos' is also a weakness

Not unified

Lack of funding

### **Suggestions:**

Create a research center where everyone can tap in and submit experiences, sources, and ideas

Increase marketing

### **Needs:**

Speakers

More staff

More money

## **Programmatic Summary**

Rabbi David Teutsch has worked for the Reconstructionist movement since 1980, with the Reconstructionist Rabbinical College since 1986, and with the JEC since 2002. Unless Judaism responds to the issues we deal with in our day-to-day lives, it is not a true part of life. JEC is interested in how sexual ethics, bioethics and family ethics affect the ordinary thinking of Jews.

## **Field Classification**

Rabbi Teutsch is part of the fields of Jewish liturgy, Jewish ethics, a member of the Rabbinat and an academic. He brings his training as a Rabbi and his doctorate in Social Systems to his work.

## **Field Classification: Judaism, Health and Healing**

Rabbi Teutsch also sees himself as a member of this field.

## **Overall Perception of Judaism, Health and Healing**

## **Programmatic Contribution to the Judaism, Health and Healing**

Rabbi Teutsch edits Reconstructionist prayer books, does consulting work, engages in writing, conducts outreach, and trains chaplains, doctors, social workers, hospital staff and lawyers in Jewish ethics.

## **Personal Integration of Judaism, Health and Healing**

In his personal life, Rabbi Teutsch integrates Judaism, health, and healing by biking, meditating, davening, his work in ethics, and his regular learning in Jewish text and Jewish life.

## **Definition of Jewish Healing**

Jewish healing is moving people toward spiritual, physical and emotional wholeness. Healing can happen in one sphere and not in another (you can be physically ill but emotionally unwell etc).

## **Strengths/Weaknesses of the Field**

### **Strengths:**

Jewish tradition is rich in materials relating to health and healing

Interest is growing

Healthcare professionals are paying attention

### **Weaknesses:**

Integration is not there

Researchers are not organized

***Suggestions:***

Organize research

***Needs:***

More dialogue around issues

Information on how to conduct evaluations and replace staff in a productive/easy-flowing way

*Yoskowitz, Rachel, BSN, MPH Director, Health & Healing Initiatives Jewish Family Service of Metropolitan Detroit*

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**Programmatic Summary**

Ms. Rachel Yoskowitz became involved with the JFS 16 years ago and began developing programs in Jewish Healing. Project Hessed is the main component of the Health and Healing Initiatives program at JFS in Metropolitan Detroit. Project Hessed is a response to the problem with the uninsured. They built a network of Jewish physicians (9 hospitals and 700 doctors) who work with the impoverished of the community and take care of 3,200 Jewish members since inception 5 years ago. They also house a Resource Center for the American Cancer Society to provide resources to Jewish women who are survivors of cancer. In the future she hopes that Project Hessed is replicated in other communities. Project Hessed tracks its successes (they track their provision of access, have been able to lessen inappropriate use of the ER and have improved health status indicators for the low-income Jewish community in Detroit). They need more funding and resources and hope to be able to expand their services in future years.

**Field Classification**

Healthcare

Nursing

**Field Classification: Judaism, Health and Healing**

Ms. Yoskowitz defines herself as a member of this field. She believes the Jewish lens to health and healing is important (and a rarity in her service area).

**Overall Perception of Judaism, Health and Healing**

She understands this field as having pockets where people are beginning to understand that the intersection between Judaism and wellness exists but that we are still early in the process and have a lot of work to do.

## **Programmatic Contribution to the Judaism, Health and Healing**

Project Hessed has helped doctors think of their work as a mitzvah. Rabbis also are doing drashes around the importance of Jews providing healing for other Jews.

## **Personal Integration of Judaism, Health and Healing**

Judaism, health and healing are so a part of her that she cannot express how she integrates it into her daily life—it is just a part of who she is.

## **Definition of Jewish Healing**

Jewish healing is engaging people in holistic health—community engagement, spiritual, emotional and physical health. It is caring for the Jewish soul.

## **Strengths/Weaknesses of the Field**

### **Strengths:**

Commitment of the leaders

Evolving body of literature

### **Weaknesses:**

Not enough outreach

Lack of funding

### **Suggestions:**

We need to educate others about this field.

### **Needs:**

Would love to do ASSAF

Seminar and bring in someone to do a day of learning around this intersection and the provision of healthcare

Funding

*Young, Malka, Director, Healing Partners, Jewish Family Service*

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## **Programmatic Summary**

Ms. Malka Young became involved with Healing Partners, a program of Jewish Family Service in Boston ten years ago, from its inception. Initially, Healing Partners worked in a traditional healing center capacity, offering support groups in psycho-spiritual models, creating a Spiritual Toolkit, and providing resources for healing in the community. In recent years the program has



changed focus and now works as a resource for caring communities, and provides specific programs around spiritual aging such as Keshet 13 and Healthy Aging Metrowest.

Keshet 13 is an award winning (Goodman Award 2007) intergenerational program in which partners with Metrowest temples. Through Keshet 13, pre-b'nai mitzvah youth and their families connect with Jewish elders who are geographically dispersed. Keshet 13 educates youth and families about aging within a Jewish context and the importance of community. Keshet 13 reduces isolation and builds community for all participants.

Healthy Aging Metrowest is a program that works with synagogues to identify isolated elders and engage them in programs “with a spiritual context and modern healthcare content,” to provide learning around fall prevention and healthy eating.

### **Field Classification**

Social Worker

Pastoral Counselor

Ms. Young brings a background in community organizing, group work and facilitation, counseling, and a familiarity and comfort with Jewish sacred texts to her work.

### **Field Classification: Judaism, Health and Healing**

Ms. Young defines herself as a member of this ‘integrative field,’ but it is a field that she believes has become so well-integrated into synagogue life that it has died out as a separate field.

### **Overall Perception of Judaism, Health and Healing**

As stated, Ms. Young believes that this field has seen its heyday as a separate entity.

### **Programmatic Contribution to the Judaism, Health and Healing**

Keshet 13 and Healthy Ageing Metrowest are examples of programs that connect Jewish elders and youth with community, sacred texts, and healthcare education.

### **Personal Integration of Judaism, Health and Healing**

She is involved in a Jewish meditation group, and uses niggunim and personal prayer to work through chronic illness.

### **Definition of Jewish Healing**

Ms. Young does not have a definition of Jewish healing.

### **Strengths/Weaknesses of the Field**

#### **Strengths:**

Has a vital place in the Jewish community (to the point that it has been integrated fully into synagogue/community life.

**Weaknesses:**

No funding for a separate field.

***Suggestions:***

More outreach and discussion across programs so that work is not so episodic.

***Needs:***

Funding

## Program Review: List

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### EAST

Access to Health Care: Health Insurance Options in New York State .....	JBFCS
Am I My Brother's Keeper: Healing Sibling Relationships .....	WJCS Spiritual Center & JBFCS & JCP
Bereavement Committee .....	B'nai Israel Synagogue
Bikur Holim Conference .....	UJA
Bikur Holim Coordinating Council .....	UJA
B'nai Israel Health Challenge .....	B'nai Israel Synagogue
Caregivers Support Groups for Spouses .....	JBFCS & JCP
Caring Committee .....	B'nai Israel Synagogue
Caring Communities Resource Network .....	JFCS
Caring Communities Resources Network (CCRN) Conference .....	JFCS of Greater Boston & JFS of Metro West
Carpenter Rabbinic Internship .....	JFCS
CCAR Press .....	Central Conference for American Rabbis
Center for Counseling and Pastoral Care .....	Center for Counseling and Pastoral Care
Challah Program .....	JFCS
Chaverim .....	JFS
Cult Family Support Group .....	JBFCS
Cult Family Support Group .....	JBFCS & JCP
Divorce Support Group .....	JBFCS & JCP
Divorce Support Groups .....	JBFCS
Doula Support Meeting .....	JBFCS & JCP
Drop-In Spiritual Support Group For Those Who Have Lost A Loved One.....	WJHN
Embrace: Support for Women Living With Metastatic Breast Cancer .....	Sharsheret
Embracing Aging .....	Hiddur
Family Estrangement Spiritual Support Group.....	WJHN
Finding Forgiveness: A Yom Kippur Celebration.....	WJCS Spiritual Center & JBFCS & JCP
From Strength To Strength: Jewish Spiritual Support as You Seek Employment ...	JBFCS & JCP
Going Solo: Valuing Your Time Alone .....	Constance H. Gemson L.M.S.W.
Healthy Aging MetroWest .....	JFS
Hiddur .....	The Center for Aging & Judaism of the RRC
Spiritual Retreat for Jews in Recovery (JACS) .....	JBFCS
Spiritual Weekend Retreat (JACS) .....	JBFCS
Jewish Bereavement Support Groups .....	JBFCS
Jewish Bereavement Support Groups .....	JBFCS & JCP
Jewish Board of Family and Jewish Services (overall) .....	UJA
Jewish Hospice Network of Greater Philadelphia .....	JFCS
Jewish Parents Who Lost a Young Child .....	JBFCS
Jewish Parents Who Lost A Young Child .....	JBFCS & JCP

Jewish Parents Who Lost an Adult Child .....	JBFCS
Jewish Parents Who Lost An Adult Child .....	JBFCS & JCP
Jewishly Oriented 12 Step Meeting .....	JBFCS
Jewishly Oriented 12 Step Meeting .....	JBFCS & JCP
Bikur Cholim Friendly Visiting Program .....	JHHC of JFS Greenwich
Kesher 13 .....	JFS
Kumi Ori: Rise & Shine-Morning Walk & Prayer/Meditation Group .....	WJCS Healing Center
Light the Lamp of your Soul: A Channukah Healing Service .....	WJCS Spiritual Center & JBFCS & JCP
Living the Legacy: Our Encounter with Parental Loss... ..	WJCS Spiritual Center & JBFCS & JCP
M'kom Shalom: A Place of Peace .....	JBFCS
Medicare Part D: What You Need To Know .....	JBFCS
Meditation & Middot .....	WJCS Healing Center
M'kom Shalom .....	JBFCS & JCP
National Center for Jewish Healing .....	NCJH
Ohr Tikvah .....	JFS
Ovarian Cancer Program: Tailored Support and Resources for Young Women .....	Sharsheret
PIC: Support for Older Adults .....	Partners in Caring for Older Adults
R. Isaac N. Trainin Bikur Cholim Coordinating Council: Annual Full-Day Conference ..	JBFCS
Sacred Seasons Celebration Kits .....	Hiddur
Shabbat of Wholeness, Holiness, and Wellness .....	UJA
Sharsheret .....	Sharsheret
Sharsheret Supports: Local Brest Cancer Support Groups and Programs .....	Sharsheret
Shira Ruskay Center (SRC) .....	JBFCS
Special Needs Committee .....	B'nai Israel Synagogue
Spiritual Support Group for Older Women .....	WJHN
Staff Healing Circles .....	JFCS
Stewards of Well-being: Taking Responsibility for What We Value .....	University of Maryland Medical Center
Sustaining Our Spirits .....	JBFCS
Sustaining Our Spirits .....	JBFCS & JCP
Synagogue-wide End of Life Initiative .....	Congregation Rodeph Sholom
The JACS Teen Network .....	JBFCS
To Honor and Respect:	
A Program for Congregations on Dealing with the Revolution in Longevity .....	URJ
“Turn to Me” — Documentary Film .....	JBFCS, JHHRN
Westchester JCC Jewish Healing Center .....	Westchester JCC Jewish Healing Center
When a Get Is Not Enough: For Separated and Divorced Individuals .....	WJCS Spiritual Center & JBFCS & JCP
Working with Clients at the End of Life .....	JBFCS & JCP
World Trade Center Bereavement Group .....	JBFCS & JCP
World Trade Center Bereavement Group .....	JBFCS
Writing Our Lives: A Spiritual Memoir Program .....	WJCS Spiritual Center & JBFCS & JCP

## SOUTH EAST

Jewish Healing Program .....	JFCS
Team Leader Component To A Volunteer Program.....	JFCS
Temple Beth El .....	URJ
Prison Ministry Services .....	JFCS

## SOUTH

Moving Parents: Workable Decisions, Richer Relations.....	Rabbi Scott B. Saulson, PHD
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## MIDWEST

Bereavement Drop-in Group.....	JHNC
Bereavement Group for Adults who Recently Lost a Parent.....	JHNC
Bereavement Group for Widows and Widowers .....	JHNC
Beth Emet.....	URJ
Bikur Cholim Training Program for Chicago-area Synagogues.....	JFCS
Chemical Dependency Program .....	JHNC
Coping with Your Chronic Physical Illness.....	JHNC
How to Keep Volunteers Engaged Once the Initial Training is Over .....	TCJHP
Jewish Family Services of Metropolitan Detroit .....	JFS of Detroit
Jewish Healing Network of Chicago .....	JFCS
Our Jewish Journeys: Reflections and Projections .....	Enid C. Lader
Parents and Adult Siblings of the Alcoholic/Addict: Finding the Path of Hope and Recovery .....	JHNC
Surviving the Loss of A Spouse.....	JHNC
Temple Israel .....	Temple Israel
Twin Cities Jewish Healing Program Newsletter .....	TCJHP

## WEST

Advanced Jewish Healing Program: Lilmode, Lelamed, Lenakhm .....	Temple Chai
Bay Area Jewish Healing Center .....	IOA
Chaplaincy Program.....	CSMC
Community of Elders.....	Leo Beck Synagogue
ElderVention .....	JFCS
Geriatric Counseling.....	JFCS
Grave Matters.....	Shiva Sisters
Judaism, Health & Healing for Physicians .....	Temple Chai & Kalsman Institute
Kol Haneshama - End-of-Life Care Volunteer Program .....	BAJHC
OHALAH: Association of Rabbis for Jewish Renewal.....	Aleph
Rabbinic Pastors Association.....	OHALAH
Spiritual Care Services: Palliative & End of Life Care .....	JFCS
*26 additional programs were reviewed and discovered to be discontinued.....	

## KEY OF ACRONYMS

BAJHC .....	Bay Area Jewish Healing Center
CSMC .....	Cedars-Sinai Medical Center
JBFCs .....	Jewish Board of Family and Children's Services
JCP .....	Jewish Connections Program
JFCS .....	Jewish Family and Children Services
JFS .....	Jewish Family Services
JHHC .....	Jewish Health and Healing Center
JHHRN .....	Jewish Health, Healing and Recovery Network
JHNC.....	Jewish Healing Network of Chicago
IOA .....	Institute on Aging
NCJH .....	National Center for Jewish Healing
RRC .....	Reconstructionist Rabbinical College
TCJHP .....	Twin Cities Jewish Healing Program
WJCS .....	Westchester Jewish Community Services
WJHN .....	Washington Jewish Healing Network
UJA .....	United Jewish Appeal
URJ .....	Union for Reform Judaism

## ORGANIZATIONS WITH HIGHLIGHTED JEWISH-SPECIFIC HEALTH AND HEALING PROGRAMS

### ELDER CARE

Jewish Home	San Francisco, CA
Hebrew Hospital Home, Inc.	Bronx, NY
Hebrew SeniorLife: Hebrew Rehabilitation Center	Boston, MA
Hebrew SeniorLife: Orchard Cove	Boston, MA
Hebrew SeniorLife: Simon C. Fireman	Boston, MA
Jewish Home LifeCare	Manhattan, NY
Los Angeles Jewish Home for the Aging	Los Angeles, CA
Miami Jewish Health Systems: Douglas Gardens	Miami, FL

### HOSPITALS

Barnes Jewish Hospital	St. Louis, MO
Beth Israel Deaconess Medical Center	Boston, MA
Jewish Memorial Hospital	Boston, MA
Maimonides Medical Center	Brooklyn, NY

### MAIMONIDES SOCIETIES

Maimonides Society	Dartmouth Medical School
Maimonides Society	Harvard Medical School
Maimonides Medical Society	Jewish Federation of Greater Orlando
Maimonides Medical Society of Western New York	New York
Maimonides Society	SUNY Downstate Medical Center
The Maimonides Society	Vanderbilt Medical School

### SYNAGOGUES

Sinai Temple	Los Angeles, CA
Steven S. Wise	Los Angeles, CA
Wilshire Blvd Temple	Los Angeles, CA





## Program Review: Pullout

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# Program Sampler

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# JEWISH HEALING PROGRAMS: BEST PRACTICES SAMPLER

2008

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This publication is a compilation of **Best Practices** and **New and Interesting Programs** contributed by organizations that are part of a national network of Jewish Healing/Spiritual Care Centers and Programs. Many of these programs are in Jewish Family Service Agencies throughout the USA.

Visit [www.ncjh.org](http://www.ncjh.org) for an up-to-date list of Jewish Healing/Spiritual Care Centers and Programs, free resources and publications for purchase, professional and lay training resources and useful links.

The **National Center for Jewish Healing (NCJH)** a program of JBFCS, helps communities better meet the spiritual needs of Jews living with illness, loss and other life challenges. Working closely with an international network of Jewish healing/spiritual care centers and programs and in cooperation with the Association of Jewish Family and Children's Agencies (AJFCA) and the Kalsman Institute on Judaism and Health, the NCJH provides networking opportunities, consultation, publications, web-based resources, training and referral to community resources.

**NCJH** is a **Rita J. Kaplan Jewish Connections Program** which supports Jews through life transitions and challenges by connecting with community and tradition. These programs work collaboratively with synagogues, schools, JCC's and other community partners to help people cope and grow by drawing on resources that are spiritual, psychological and practical.

The **Jewish Board of Family and Children's Services (JBFCS)** is one of the nation's premier mental health and social service agencies. JBFCS offers the best-trained professionals and the most advanced mental health care and social services to help individuals live better at every stage of life. For more than 125 years, we've been providing help to New Yorkers on a wide range of issues - from family violence and struggles with mental illness to day-to-day challenges. And every year, across all five boroughs, more than 50,000 people rely on us for help through our 160 programs.

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Rabbi/Social Worker Roundtable – Updated 2008  
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Carpenter Rabbinic Internship - Updated 2008  
Joan Grossman Center for Chaplaincy and Healing of JFCS – Philadelphia, PA

Lunch-and-Learns for Agency Staff  
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Staff Healing Circles - Updated 2008  
Jewish Healing Connections of JF&CS, Waltham, MA

### VISITING AND SUPPORTING THE VISITORS

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Prison Ministry Services – Best Practice 2008  
The Jewish Healing Program of JFCS of Sarasota, FL

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Jewish Healing Program of JFCS, Sarasota, FL

The Caring Communities Resource Network - New and Interesting 2008  
Jewish Healing Connections, a program of Jewish Family & Children's Service of Greater Boston  
Waltham, MA., in collaboration with Jewish Family Service of Metrowest, Framingham, MA

Advanced Jewish Healing Program: *Lilmode, Lelamed, Lenakhm* (To Learn, To Teach, To Comfort)  
Deutsch Family Shalom Center, Temple Chai, Phoenix

JHHC Bikur Cholim Friendly Visiting Program - New and Interesting 2008  
Jewish Health and Healing Center, Jewish Family Services of Greenwich

*"Turn to Me"* – A Documentary Film about Bikur Cholim – Updated 2008  
Rabbi Isaac N. Trainin Bikur Cholim Coordinating Council, JHHRN, JBFCS, NY, NY

Bikur Cholim Training Program for Chicago-area Synagogue – Updated 2008  
Jewish Healing Network of Chicago, JF&CS, Skokie, IL

Rabbi Isaac N. Trainin Bikur Cholim Coordinating Council Annual Full-Day Conference -Updated 2008  
Jewish Board of Family & Children's Services NY, NY

How to Keep Volunteers Engaged Once the Initial Training is Over – Updated 2008  
The Twin Cities Jewish Healing Program, Minneapolis, MN

*Jewish Healing/Spiritual Care Programs: Best Practices*

Updated April 2008

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B'Yachad: A Jewish Healing Gathering  
Jewish Healing Network, Jewish Family & Community Services, Jacksonville, FL

Team Leader Component To A Volunteer Program  
Jewish Healing Network, Jewish Family & Community Services, Jacksonville, FL

*Challah* Program - Updated 2008  
The Joan Grossman Center for Chaplaincy and Healing of JFCS Philadelphia, PA

### ***AGING AND ELDERLY***

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*Chaverim* - New and Interesting 2008  
Jewish Family Services, Durham-Chapel Hill

*Kesher/Kesher* 13 - Updated 2008 (Winner of the Goodman Award)  
Healing Partners, JFS of Metrowest, Framingham, MA

Spiritual Support Group for Older Women  
Washington Jewish Healing Network, Washington, DC

Congregation Connection Program  
Jewish Healing Network of Chicago, a joint program of Jewish Family and Community Service,  
Council for Jewish Elderly, the Chicago Board of Rabbis and Jewish United Fund/Jewish  
Federation of Metropolitan Chicago

### ***PROGRAMS ADDRESSING SERIOUS ILLNESS AND END-OF - LIFE***

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*Kol Haneshama* - End-of-Life Care Volunteer Program - Best Practice 2008  
(Recipient of the Programming Award from the Association of Jewish Aging Services (AJAS)  
Bay Area Jewish Healing Center (BAJHC), San Francisco, California

A Synagogue-wide End of Life Initiative - Best Practice 2008  
Congregation Rodeph Sholom, NY, NY

Jewish Hospice Network of Greater Philadelphia - New and Interesting 2008  
Joan Grossman Center for Chaplaincy and Healing, JFCS of Greater Philadelphia

Spiritual Care Services at JFCS: Palliative and End of Life Care - New and Interesting 2008  
JFCS of San Francisco, the Peninsula, Marin and Sonoma Counties

End-of-Life/Hospice Program - Updated 2008  
Jewish Healing Connections of JF&CS, Waltham, MA

Shira Ruskay Center (SRC) - Updated 2008  
Jewish Board of Family and Children's Services, NY, NY

*Jewish Healing/Spiritual Care Programs: Best Practices*

Updated April 2008

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## ***SPIRITUAL GROWTH AND SUPPORT GROUPS***

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*M'kom Shalom: A Place of Peace - Best Practice 2008*

New York Jewish Healing Center, a program of the JBFCs, NY, NY

*Healing Through the Holidays*

*The Living Room* at Jewish Family Service (JFS) of Bergen Country, NJ

*Kumi Ori: Rise and Shine – Morning Walk and Prayer/Meditation Group – Updated 2008*

Westchester Jewish Community Services Healing Center, Westchester, NY

*Meditation and Middot - Updated 2008*

Westchester Jewish Community Services Healing Center, Westchester, NY

*Rosh Hodesh for Women Living with Illness - Updated 2008*

Joan Grossman Center for Chaplaincy and Healing of JFCS - Philadelphia, PA

*Drop-In Spiritual Support Group For Those Who Have Lost A Loved One*

Washington Jewish Healing Network, Washington, DC

## ***CHEMICAL DEPENDENCY***

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*The JACS\* Teen Network – Best Practice 2008*

(\*Jewish Alcoholics, Chemically dependent Person and Significant others)

Jewish Board of Family and Children's Services, NY, NY

*Substance Abuse in the Jewish Community – Best Practice 2008*

Deutsch Family Shalom Center, Temple Chai, Phoenix, AZ

*JACS - Spiritual Retreat for Jews in Recovery - Updated 2008*

Jewish Board of Family & Children's Services, NY, NY

*Chemical Dependency Program of Jewish Healing Network of Chicago – Updated 2008*

Jewish Healing Network of Chicago (administered by Jewish Child & Family Services, in partnership with CJE Senior Life, the Chicago Board of Rabbis and Jewish Federation of Metropolitan Chicago)

## ***OUTREACH AND EDUCATION***

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*Addressing Mental Health Issues in the Jewish Community – New and Interesting 2008*

Deutsch Family Shalom Center, Temple Chai, Phoenix

*For Our Daughters (in Hebrew Lamed, bet, nun, vav, daled) Means both “For our daughters” and “To build” - New and Interesting 2008*

Jewish Family Service of Metrowest, MA

*The Twin Cities Jewish Healing Program Newsletter*

The Twin Cities Jewish Healing Program, Minneapolis, MN

*Jewish Healing/Spiritual Care Programs: Best Practices*

Updated April 2008

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